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ABSTRACT

The annotated bibliography lists 289 references which relate to the advocacy consumer movement for disabled people. Initial sections contain a listing of the periodicals, books and monographs/reports/proceedings from which the annotated references are derived; an author index; and a subject index. Among the subjects covered are the following: various types of advocacy (child, parent/family, self, legal, systems, social welfare, and youth); civil rights/legal rights; consumer involvement; definitions; legislation; protective services/mechanisms; public welfare/consumerism/advocacy; research/consumerism/advocacy; and vocational rehabilitation/consumerism/advocacy. (SB)

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# Advancing Your Citizenship

## *An Annotated Bibliography on Consumerism/Advocacy for Persons with Disabilities*

**Philip Browning**
Associate Director

**Cindy Rhoades**
Research Associate

**Anita Crosson**
Research Assistant

June 1980
Rehabilitation Research and Training
Center in Mental Retardation
University of Oregon
Eugene, Oregon
97403

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# Preface

During the decade of the 1970's, disabled people organized to demand their basic and civil rights and assert their interest in human services. By now their efforts have spiraled into a full-fledge social movement in this society, which involves the commitment and activism of all handicapped groups and their advocates. The success of this consumer movement is evidenced by the major role its participants have taken in the shaping and passage of major federal legislation for the handicapped.

This manuscript is a comprehensive annotated review of the literature which relates to the advocacy consumer movement for disabled people. Select references addressing the civil rights and business/marketing social movements are included, since both represent major historical antecedents to the topic focused upon here.

The Rehabilitation Research and Training Center in Mental Retardation, University of Oregon, adopted Consumerism/Advocacy as one of its major areas of research. The purpose of this commitment is to programmatically research the subject matter, particularly as it relates to mentally retarded persons. An ongoing series of varied research and training resources related to Consumerism/Advocacy for persons with disabilities is an outgrowth of the work being done in this area.

In addition to this annotated bibliography, two products have been completed as of this writing:

> Crosson, A., (Ed.), Advocacy and the Developmentally Disabled. Eugene, Oregon: University of Oregon, Rehabilitation Research and Training Center in Mental Retardation (Advancing Your Citizenship Series No. 3), 1977.

Crosson, A., Browning, P., & Krambs, B. Advancing Your Citizenship: An Advocacy Manual for Persons with Disabilities Eugene, Oregon: University of Oregon, Rehabilitation Research and Training Center in Mental Retardation (Advancing Your Citizenship Series No. 1), 1979.

The major purpose of the first monograph is to provide a framework for understanding advocacy as it relates to developmentally disabled individuals, their parents, professionals, and others interested in being adovocates. Specifically the five monograph chapters overview advocacy, discuss federal legislation, describe the basic services and support resources needed by developmentally disabled persons and outline a model support and advocacy system for the developmentally disabled.

The second monograph, which is presented in question and answer format, is intended to assist disabled persons in exercising their rights of citizenship. The first section covers major pieces of federal legislation, i.e., the Education for All Handicapped Children Act (Public Law 92-142); the Rehabilitation Act of 1973 (Public Law 93-112, as amended); and the Developmentally Disabled Assistance and Bill of Rights Act (Public Law 94403, as amended). The second section covers the major types of consumer protection required by federal legislation, i.e., Individualized Programmed Planning, Nondiscrimination, Least Restrictive Alternative, and Procedural Safeguards in Education. The last section consists of a series of case studies which demonstrate the interpretation of federal legislation and the application of consumer protection mechanisms in terms of real-life problem situations.

Additional research and training resources related to Consumerism/ Advocacy and the mentally retarded will be announced periodically.

# Literature Index

The following Periodicals, Books and Monographs/Reports/Proceedings are the sources from which the annotated references are derived.

## Periodicals

American Annals of the Deaf

American Journal of Orthopsychiatry

American Rehabilitation

Amicus

Annuals of the American Academy of Political and Social Science

Archives of Physical Medicine and Rehabilitation

Arise

Canada's Mental Health

Child Welfare

Children Today

Deficience Mental/Mental Retardation

Developmental Medicine and Child Neurology

Exceptional Children

Georgetown Law Journal

Harvard Educational Review

Informer

Journal of the American Academy of Child Psychiatry

Journal of American Institute of Planners

Journal of Applied Rehabilitation Counseling

Journal of Business Research

Journal of Clinical Child Psychology

Journal of Consumer Affairs

Journal of Marketing

Journal of Rehabilitation

Journal of School Psychology

Journal of Social Policy

Law and Psychology Review

Mental Hygiene

National Spokesman

Public Welfare

Rehabilitation Brief Bringing Research into Focus

Rehabilitation Counseling Bulletin

Rehabilitation Literature

Rehabilitation Record

Rehabilitation World

Science

Social Casework

Social Problems

Social and Rehabilitation Record

Social Work

Social Work Today

Social Science Information

The Easter Seal Communicator

Young Children

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# An Annotated Bibliography on Consumerism/Advocacy for Persons With Disabilities

001 Aaker, D. A., & Day, G. S. Introduction: A guide to consumerism. In Consumerism: Search for the consumer interest. New York: The Free Press, 1971, pp. 1-19.

Discusses the scope of consumerism. Authors suggest that the term is uniquely associated with the decade of the 60's, but note that even within this short time it has not proven to be a static entity. Consumerism has had a dynamic past and continues to evolve and change at an increasingly rapid rate. Consumerism is understood in reference to the widening range of activities of government, business, and independent organizations designed to protect individuals from practices that infringe upon their rights as consumers. Authors distinguish the consumer efforts of the 60's from earlier consumer periods by the means of translating discontent into effective pressure. The consumer of the 60's has been more ably represented by such advocates as Ralph Nader, Senator Warren Magnuson, etc. Organizations such as Consumers Union, Consumers Research, Inc., Consumer Advisory Council, and Office of the Special Assistant to the President for Consumer Affairs have emerged, expanded, and strengthened. The legal and political role has shown more acceptance of government involvement in issues of consumer protection.

002 Abramson, A. S. Consumerism and rehabilitation medicine. Archives of Physical Medicine and Rehabilitation, 1973, 54(1), 7-9.

Reprint of the Presidential Address presented at the 34th Annual Assembly of the American Academy of Physical Medicine and Rehabilitation in 1972. Author emphasizes the importance of and need for public education regarding the inclusion of rehabilitation medicine into a comprehensive health care plan.

003 Abramson, A. S., & Kutner, B. A bill of rights for the disabled. Archives of Physical Medicine and Rehabilitation, 1972, 53(3), 99-100.

Proposes a set of rights for all disabled persons. The suggested rights are based on the assumptions that handicapped persons want only the rights accruing to other citizens, that many barriers limit disabled persons, that the citizenship of the handicapped has not yet been generally recognized by the public, and that legal mechanisms have not yet been established to assure the rights of the disabled. The bill of rights includes the following areas: (1) health services; (2) orthotic, prosthetic, and adaptive devices; (3) education; (4) appropriate training for employment; (5) equal opportunity for employment; (6) special employment opportunities; (7) tax-supported sheltered workshops; (8) special housing; (9) elimination of architectural barriers; (10) modification of existing sidewalks, buildings, and structures; (11) special transportation; (12) income maintanence; (13) protection in institutional settings; (14) civil rights; (15) training of service delivery personnel; and (16) expansion of research demonstration programs.

004 Adams, A. S. Rehabilitation consumerism: Confrontation or communication and cooperation? Journal of Rehabilitation, 1976, 42, 23-25, 29.

The former Commissioner of Rehabilitation Services Administration places high priority on consumerism in rehabilitation. The assumption is made that professionals and consumers are basically on the same side. Consumerism is traced back to the American Revolution and constitution with the idea that people want to make their own choices. The same idea applies to the commercial market place and government services, as was manifested in the poverty program's goal of "maximum feasible participation." In

regard to rehabilitation services, consumer involvement is the law. At the individual level, this is especially important since individuals rehabilitate themselves with the assistance of professionals. It is further suggested that consumerism in rehabilitation is a movement whose time has come. Consumerism need not be essentially threatening to professionals; rather, a healthy tension may result in benefits. Consumers generally raise output questions and add sense of urgency to the service system. Listed are some ways in which consumerism may be expanded and operational techniques and results of consumerism.

005 Adams, A. S. Disabled should be key shapers of own programs. Rehabilitation World, 1976-77, 2(4), 25.

Article based on remarks made during a panel discussion at the 13th World Congress of Rehabilitation International in Tel Aviv, Israel in June 1976. Author indicated that, in his view, there is "no standard absolute which dictates the organization of services to the disabled. Each country, and to a large degree each region and state, needs to devise a coherent system of services which meets the disabled where they are and within the context of their needs and potential" (p. 25). Nevertheless, he contends that the central factor which should shape the organization and provision of all services offered to the disabled is the consumer. The following American "Principles for Rehabilitation" were presented to the international audience: (1) the disabled must have a voice in their own destiny; (2) optimum rehabilitation is the goal for the disabled; (3) employment opportunities for the disabled must be expanded, both in obtaining employment and in being employed at the highest levels possible; (4) both the disabled individual and the environment in which he or she works and lives

must be rehabilitated together; (5) there must be a unique and personalized rehabilitation plan for each disabled individual; and (6) if rehabilitators are to open the world for disabled people, they must spend less time talking to each other and much more time talking to people outside the field of rehabilitation, e.g., government, business, education, city planning, housing, architecture, transportation, and other sectors.

006 Adams, M. Science, technology, and some dilemmas of advocacy. Science, 1973, 180, 840-842.

Explores some advocacy issues relating to medical science and the mentally disabled which confront social workers. It is noted that social workers are likely to find themselves in conflict with scientists regarding questions of immediate relief versus future gains and individual treatment versus public health. In addition, complex dilemmas arise in considering problems of common good versus personal welfare. For instance, when serving the retarded, social workers must concern themselves with scientists' need for experimentation even when it may cause distress to the individual or his family. Under such circumstances, they must be involved in deciding whose need takes priority in the final determination as well as the requirements for informed consent. Other dilemmas presented by the field of genetic counseling and chromosome testing must be faced. It is suggested that some of these problems can be substantially alleviated if the social worker becomes involved early in situations of medical concern so that emotional factors may be represented and the groundwork can be laid for counseling intervention. Furthermore, it is noted that, whereas research scientists have new knowledge, social workers have the ability to interpret and communicate it; a means must be found for the two disciplines to work together so the needs of all can be met.

007 Addison, M. R. Citizen advocacy. Amicus, 1976, 1(4), 9-10.

Describes the citizen advocacy concept which was developed by Wolfensberger and first implemented in Lincoln, Nebraska in 1970. Citizen advocacy is an individualized volunteer approach to safeguarding rights and meeting the needs of the developmentally disabled. That is, it consists of a one-to-one relationship between a volunteer advocate and an impaired individual in which the advocate provides practical assistance and/or emotional support and acts to prevent situations of abuse or exploitation on behalf of his protege. A long-range goal of such relationships is to develop maximum possible independence and self-advocacy skills in the disabled person. Necessary to citizen advocacy programs is a paid professional staff which is responsible for recruiting and matching advocates and proteges and for providing ongoing support by means of crisis intervention, information and referral, and community education. Particularly important to such endeavors is that they be independent of the service delivery system. The National Association for Retarded Citizens has been an active sponsor of citizen advocacy programs which presently number 130 local projects. It has also produced and disseminated core training materials.

008 Addison, M. R. The theory and application of citizen advocacy. In G. T. Bensberg & C. Rude (Eds.), Advocacy systems for the developmentally disabled. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1976, pp. 122-132.

Discusses the concept of citizen advocacy which indicates a one-to-one relationship between a competent volunteer and a disabled person in which the advocate defends the interests and rights of his protege and provides practical and emotional support. Citizen advocacy programs require a professional staff which is responsible for recruiting and matching advocates

and proteges, training, and offering backup support. A major goal of such efforts is to build self-advocacy skills in the impaired person, and success is dependent upon the program's independence from the service delivery system. The National Association for Retarded Citizens received a federal grant in 1972 to promote citizen advocacy, and it developed a package of training materials in the area. It also implemented a training program and sponsored model citizen advocacy programs. These projects have proliferated across the country since 1970, and they are analyzed in terms of growth patterns, funding mechanisms, population of areas served, advocate characteristics, protege characteristics, and types of advocacy activities. Finally, some misconceptions regarding citizen advocacy are examined.

009 Advocates for consumers. Exceptional Children, 1978, 45,(1), 6-9.

An interview with Dr. Frank Bowe, Director of the American Coalition of Citizens with Disabilities, Inc. He discusses how ACCD is primarily an advocacy organization which is consumer directed. It is an organization of organizations comprised of 60 national, state, and local organizations of and for disabled people. Also affiliated with ACCD are a large number of professional associations working on behalf of disabled people, e.g., Council for Exceptional Children, National Rehabilitation Association, the Council of State Administrators of Vocational Rehabilitation, the National Association for Retarded Citizens, and the United Cerebral Palsy Associations, Inc. Two major accomplishments of ACCD are: (1) people with different kinds of disabilities and professionals are coming together and working together; and (2) a forum in which these people can work constructively together. This forum is one in which "each member organization and each

segment of the population feels that it is adequately and fairly represented; that its voice will be heard and that it will be provided with the opportunity to join in a united action or to remain autonomous and separated from an action with which it does not want to be identified." The primary concern of ACCD is to address the interrelationships between the different human and civil rights affecting and affected by laws and regulations which impinge upon the lives of disabled people.

010 Allan, W. S. Advocacy: A responsibility of the Easter Seal Society. The Easter Seal Communicator, July-August 1973, p. 5.

Suggests that advocacy can be misinterpreted as being essentially destructively radical or passive and that these beliefs can lead to failure to achieve objectives. Advocacy, instead, "involves speaking, writing, acting on behalf of a cause. It need not involve destructive means to a worthy end but neither does it contemplate deliberate inaction." Given the commitment of the Easter Seal Society to a meaningful community life for all handicapped persons, it is recognized that that association must be an advocate to assure the realization of this goal. Such social action will benefit all affected individuals. In advocating change, antagonism will inevitably result, but advocacy is nevertheless necessary. Easter Seal affiliates are urged to commit themselves to this role, and the National Society is challenged to provide them necessary support. By so doing, a private voluntary organization can demonstrate leadership in developing consumerism and organizing the community in achieving desirable ends.

011 Andreasen, A. R. The disadvantaged consumer. New York: The Free Press, 1975.

First chapter traces the history of the consumerism movement and describes some of the broad social factors which support the consumerism movement today: satiation of quantity of goods; concern for quality of life; increasing sense that consumers can have an effect on their own lives; and supportive legal and political structures. Identifies unique problems of the disadvantaged consumer as reflected in the following topics: (1) the poor consumer; (2) consumption problems of the poor; (3) the black consumer; (4) consumption problems of blacks; (5) market structure in disadvantaged areas; (6) operating problems in the inner city; (7) price discrimination in the inner city; (8) exploitation--trapping the unevary; (9) building consumer self-reliance; (10) inner city business development; (11) preventing merchant exploitation; and some concluding observations. The problems are classified as personal characteristics, the marketplace, and exploitative practices, and solutions are proposed to these three areas.

012 Andruchow, B. Citizen advocacy in action. Deficience Mentale/Mental Retardation, 1976, 26(2), 16-17.

Presents a case example of citizen advocacy on behalf of a 47-year-old retarded woman. This person had lived all her life with her family and had suffered dehumanizing treatment and flagrant neglect. She was finally hospitalized and matched with a citizen advocate. The role of the advocate included providing affection and ensuring that the protege received adequate care and treatment. It is pointed out that reactions to the advocate by hospital employees were varied and that much developmental progress had been made by the retarded woman after her removal

from her family. The advocate also notes progress in her relationship with her protege in that trust was established and affection was demonstrated.

013 Arkansas Rehabilitation Research and Training Center. Consumer participation. In Critical issues involved in the rehabilitation of the severely handicapped. Fayetteville, Arkansas: University of Arkansas, 1974, pp. 114-121.

Emphasizes the importance of more consumer involvement in rehabilitation agencies. Stresses that both consumer groups and agencies need to become aware and knowledgeable about community resources and facilitate the integration of available resources into a total and meaningful service pattern for clients. Calls for a variety of community involvement from businesses, industries, professionals in the community, and labor unions to cooperate in meeting the needs of handicapped people. Rehabilitation agencies must be willing to fill a leadership role in taking innovative steps to insure more consumer participation if the 1973 Rehabilitation Act is to be successfully implemented.

014 Arkansas Rehabilitation Research and Training Center. Consumer involvement: Rehabilitation issues (Institute on Rehabilitation Issues). Fayetteville, Arkansas: University of Arkansas, June 1975.

It is stressed throughout that rehabilitation agencies must implement consumer involvement programs which are defined as intentional and systematic efforts by consumers and practitioners to communicate and cooperate in furthering the rehabilitation effort. A variety of agency and consumer attitudes and practices are reviewed in regard to ways in which they may create consumer- or agency-perceived barriers to consumer involvement. Some solutions to these barriers, as well as benefits which may accrue to the agency from consumer involvement, are listed. Suggested mechanisms for

involving consumers as individuals include: (1) orienting the client to the rehabilitation agency's purpose; (2) evaluating clients' satisfaction with their IWRPs; (3) providing "hot lines" for purposes of solving problems and facilitating communication; (4) employing handicapped persons; (5) using consumers to help other consumers; and (6) involving consumers in state agency activities. Suggested ways to involve consumers as groups include: (1) involving consumer groups in program evaluation; (2) using communication mechanisms; (3) using consumers in state agency program areas; (4) establishing relationships with coalitions of handicapped groups; (5) assigning a state agency staff person to work with consumer groups; (6) acting as an advocate for consumer groups; (7) providing consumerships; (8) involving consumers in policy development; and (9) using consumers in various advisory roles. Two models of consumer advisory committee are presented. The role of Client Assistance Projects is overviewed, and the importance of training both practitioners and consumer is emphasized.

015 Arnstein, S. R. A ladder of citizen participation. Journal of American Institute of Planners, 1969, 25, 216-224.

Discusses the theoretical intent and actual practice of citizen participation using three federal social programs as examples, i.e., urban renewal, anti-poverty, and model cities. Develops a typology of citizen participation, illustrating the extent of citizen's power in determining plans and programs. Lists the following eight types of participation (or non-participation) of citizens to illustrate the actual role they play in determining the outcome of programs: manipulation, therapy, informing, consultation, placation, partnership, delegated power, and citizen control. While citizen control, delegated power, and partnership represent degrees

of citizen power, placation, consultation, and informing only represent degrees of tokenism. Therapy and manipulation of citizens under the guise of participation are merely degrees of non-participation. Article focuses on the relationship between powerless groups, i.e., poor whites and minorities, and powerful bureaucrats at the local, state, and federal level in developing and implementing programs for the former. Illustrates the oppression as well as positive involvement of powerless groups as citizen participants through actual incidents which reflect the above eight types of citizen participation (non-participation).

016 Baggett, M., et al. We are People First. Deficience Mentale/Mental Retardation, 1978, 29(2), 7-22.

A description of the goals, objectives, and many of the accomplishments of People First in Edmonton, Alberta. People First is a self-advocacy group for mentally handicapped people. Labelling people and how to stop it is defined as the main problem this organization is addressing. Finding jobs for handicapped people and keeping them active are key issues identified by the organization which need to be addressed by handicapped people. Members of People First regularly attend and present at national and provincial conventions, service clubs, group homes, government hearings, and appear on television and radio. Members are attempting to develop an advisory relationship with the Alberta Association of Mental Retardation (AAMR) whereby People First can sit on the board and committees of AAMR and have the opportunity to speak for themselves.

017 Balthazar, E. E. Legal, human, and economic aspects of developmental disabilities. Madison, Wisconsin: Division of Mental Hygiene, Department of Health and Social Services, Central Wisconsin Colony and Training School Research Department, 1975.

Examines various legal, human, and economic aspects of program development for disabled persons. Preliminary considerations in the establishment of programs are discussed as are issues related to legal rights. In this regard, attention is given to such areas as right to treatment, protection of the handicapped in the community, the handicapped in court actions, and guardianship mechanisms. A variety of alternatives to traditional forms of guardianship and protective services are explored with emphasis upon citizen advocacy programs. It is suggested that citizen advocacy is closely related to the normalization principle and that the citizen advocate can be a major expediter for initiating legal-protective services in the community; may address himself to both instrumental and expressive needs; and must not represent an agency. Also discussed is the ombudsman as another alternative to traditional protective services. Finally, cost factors of programs, including advocacy programs, for the mentally retarded are reviewed. It is concluded that new technology is needed to monitor services on a humanitarian basis.

018 Bender, E. I. The citizen as emotional activist: An appraisal of self-help groups in North America. Canada's Mental Health, 1971, 19(2), 3-7.

Describes the condition of alienation in modern society, and suggests that self-help groups may facilitate individual and group self-renewal. Types of self-help groups are identified, and some differences between these and voluntary, philanthropic agencies are discussed. Self-help groups are characterized in these terms: they were initiated by the

patients themselves or their relatives and professionals; consumers participate actively and have a significant role in management and policy; and, they are action groups. The history of self-help groups is briefly traced. Finally, the following features of self-help groups are presented: (1) absence of professional leadership; (2) funding generally comes from the group itself; (3) services generally are not extended to the general population; (4) the more severe and deviant the nature of the problem, the more the symbols and structural arrangements take on a sacred orientation; (5) inclusive of membership; (6) heterogeneity of membership; (7) likely to start at grass-roots level; (8) stability due to decision to employ paid staff; (9) long-range goals are congruent with society's larger goals; (10) sometimes dynamics of communication become like sensitivity groups but without professional intervention; (11) non-ideological in orientation; and (12) term "emotional activist" signifies a reversal of the means-ends relationship of power and politics. Some implications for study are suggested.

019 Bensberg, G. J. Protective services for the developmentally disabled. In C. K. Sigelman (Ed.), Protective services and citizen advocacy. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1974, pp. 7-8.

Focuses upon two alternative approaches to protecting the human and civil rights of developmentally disabled people. One method is the establishment of a public agency responsible for protective services. Such operations usually include a number of functions in addition to guardianship such as outreach, counseling, tracking, and coordination of services. The disadvantage of public agency services is that employees are responsible to the employing agency, and loyalty to it may cause its interests to be

given priority over those of clients. A different approach is creation of a citizen advocacy program. This strategy utilizes private citizens who volunteer to help a disabled individual. Problems with this type of program are possible improper motivation of the advocates and the volunteer's lack of needed knowledge regarding the system with which he must work. The whole issue of protective services must also take into consideration questions relating to the population needing services and the scope of those services. It is suggested that perhaps the best plan is some combination of the public and volunteer models.

020 Bensberg, G. J., & Rude, C. (Eds.). Advocacy systems for the developmentally disabled. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1976.

Presents a series of papers related to the implementation of Section 113 of Public Law 94-103 which mandates the establishment of an advocacy system for the developmentally disabled in every state. Chapters included are: (1) Advocacy and Protective Services--Where are We Coming From?; (2) Overview: Legislative Activities of the Subcommittee on the Handicapped; (3) The Evolution of Congressional Intent of the DD Legislation; (4) The Developmentally Disabled Assistance and Bill of Rights Act; (5) Definitional Aspects of Advocacy and Protective Services; (6) A National System of Legal Advocacy for Disabled Persons; (7) The Work of the National Center for Law and the Handicapped; (8) Developmental Disability Advocacy Projects; (9) On Humanistic Technology, Devalued People, Useless Occupations, Advocacy, and the Economics of the Developmental Disabilities Industry; (10) Advocacy: An Examination of its Interaction with the Human Service Delivery System; (11) A Demonstration of Three Advocacy Models for Persons

with Developmental Disabilities; (12) The Theory and Application of Citizen Advocacy; (13) Consumer Perspectives of Advocacy: A Panel Discussion; (14) Human Rights Advocacy Committees and Citizen Advocacy in Florida; (15) Ohio's Personal Advocacy System; (16) Ohio Legal Rights Service; and (17) Government and Advocacy.

021 Bensberg, G. J., & Rude, C. (Eds.). Consumer perspectives of advocacy: A panel discussion. In Advocacy systems for the developmentally disabled. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1976, pp. 133-146.

Proceedings from the National Conference held April 2, 1976 in Dallas, Texas titled Advocacy Systems for the Developmentally Disabled. The conference focused on establishing statewide advocacy systems as required by the Developmentally Disabled Assistance and Bill of Rights Act. Edited transcripts from four consumer representatives who spoke for retarded, autistic children, epileptic, and cerebral palsied consumers. General theme of each spokesperson is the demand that consumers are capable of advocating for and protecting their own rights and participating in the determination of the type of system that will be developed to protect those rights. Stresses the need for professionals in service and advocacy systems to consult the DD people regarding what they see as their immediate and long-term needs to live within the community as independently as possible. The mother of a retarded son provides an insightful discussion about retarded persons' needs for specialized training. Serves as a "consciousness-raising" document.

022 Berlin, I. N. (Ed.). Advocacy for child mental health. New York: Brunner/Mazel, Publishers, 1975.

This volume, authored by former members of the Joint Commission on Mental Health of Children, presents in detail the concept of child advocacy as well as background information needed in order to operationalize child advocacy systems. Particularly stressed are the importance of prevention and the interrelationships between health, mental health, and the social-cultural environment. Specifically, the following topics are discussed: the rights essential to a child's well being; causes of developmental dysfunctions; the epidemiology of learning disorders; the philosophy and objectives of advocacy; the effects of poverty and racism; legal rights; treatment and prevention of delinquency; parental participation in children's education; the role of the school in maximizing children's mental health; the hospital's responsibility for the mental health of physically ill children; the rights of the retarded and their families; a model of a neighborhood operational advocacy program; the components of an ideal child advocacy system; and political implications of advocacy for professionals.

023 Berlin, I. N. Now and the way it should be. In I. N. Berlin (Ed.), Advocacy for child mental health. New York: Brunner/Mazel, Publishers, 1975, pp. 296-310.

Presents an extensive case history which illustrates multiple and interrelated problems of a troubled family and its needs for help from community health and social agencies. Following this example, the operations of a neighborhood child advocacy program are described in terms of ways it could be of assistance to such a family. For instance, it would arrange for prenatal, natal, and postnatal care; social casework services; health treatment; parent education; preschool experiences for children; and treatment

programs for school-age youngsters. When necessary, it would also arrange for residential, foster home, or group home care; aid to adolescents involved with the juvenile court and their families; and family counseling services. A common thread running through the provision of all these services is a concern for ongoing, continuous, and comprehensive care. Such enduring attention is the best way of maximizing the potential for prevention of problems and for successful intervention when problems do arise. Also stressed in relation to these services is the need for active involvement of all family members in their planning and implementation.

024 Berlin, I. N. One model of operational advocacy: A neighborhood program. In I. N. Berlin (Ed.), Advocacy for child mental health. New York: Brunner/Mazel, Publishers, 1975, pp. 267-295.

Proposes an operational advocacy model, the purpose of which is to develop a system of providing services that meets the needs of children and their parents within a prescribed geographic area. The focus is upon neighborhood organizations composed of citizens and professionals whose function it is to plan, monitor, and assess services and their delivery. The central issues with which local child advocacy programs are to be concerned include prevention of problems by means of family planning, health maintenance, adequate housing, employment, and appropriate education; education for living and work; combating racism; early intervention needs; and adolescent crises. They must likewise attend to the availability of treatment programs for both children and families. The tasks of the advocacy organization in this regard are facilitating interagency collaboration and that among professionals in various disciplines, monitoring and evaluating treatment programs, aiding in the development of health and mental health facilities, and planning for multiple uses of existing facilities. It is

further suggested that neighborhood operational advocacy programs should be primarily federally funded and supported by federal legislation, and there must be considerable citizen involvement in program review.

025 Berlin, I. N. The school mental health consultant as community child advocate. In I. N. Berlin (Ed.), Advocacy for child mental health. New York: Brunner/Mazel, Publishers, 1975, pp. 199-207.

Suggests that the mental health consultant should be an advocate for his community and the children in its schools. He can do this by concerning himself with community needs and priorities and by learning to develop meaningful relationships with community residents including students. A number of factors serve to discourage the consultant from performing the advocacy function and must be overcome. Some of these are lack of agency and professional support, inexperience in working with citizens who define their own goals and priorities, and an inability to place one's skills at the disposal of community members for use by them as they see fit. Overcoming these deficiencies is particularly necessary in the face of the complex problems facing professionals today. Only with assistance and leadership from the community can they be solved. Therefore, the consultant-advocate must redefine his role so as to enable him to teach citizens how to utilize fact finding and data analysis to achieve community objectives, anticipate resistance, and minimize its impact. By thus facilitating citizens' and students' capacity for productive human interactions and for influencing institutions, the mental health consultant is not only advocating on their behalf but is also improving their mental health.

026 Berlin, I. N., & Berlin, R. Parents as the developmental advocates of children. In I. N. Berlin (Ed.), Advocacy for child mental health. New York: Brunner/Mazel, Publishers, 1975, pp. 37-45.

Since parents are the only persons wholly accountable for their children, they should therefore be the principle advocates in any endeavor to solve children's problems. A developmental approach to prevention and early intervention is the most viable means of assuring maximal growth of children, and the two types of services which most significantly impact upon them are health care and education. In regard to health care, it has been demonstrated that parental involvement in comprehensive health programs serves not only to identify developmental problems but also to reduce them. In terms of education, experiences of Head Start projects and other research studies have led to the conclusions that intervention must begin before the child is four years old and that parents' participation in an educational program may be the critical factor in preventing school failure. In addition, it is stressed that any comprehensive effort to meet the needs of children must include the utilization of trained nonprofessionals, and incentives which can be used to obtain this involvement are delineated. In conclusion, professionals alone cannot reach all who need services. They can, however, maximize their effectiveness by training and supervising nonprofessionals in carrying out service functions. The development of competent, informed, and active parent-advocates results in benefits to both parents and children.

027 Berlin, R., & Berlin, I. N. Parents' advocate role in education as primary prevention. In I. N. Berlin (Ed.), Advocacy for child mental health. New York: Brunner/Mazel, Publishers, 1975, pp. 145-157.

Two education intervention projects which centered upon parental involvement are described. One of these is the Early Childhood Education Center in Seattle, Washington, the endeavors of which focus upon training

parents how to teach their children to read. A means of accomplishing this is the use of educational games, and these are described in some detail. The other intervention discussed occurred in San Francisco where a group of parents organized for the purpose of improving conditions in a ghetto school. This group systematically monitored classroom activities, successfully advocated for changes in the school, and became involved in helping teachers with specific learning tasks. Results from these two projects reinforce the findings of other research studies indicating that parental participation in education programs is significantly related to children's school success. In addition, these experiences were found to produce improved attitudes of parents toward both themselves and their children, and as a consequence, parents also became active advocates. In conclusion, it is stated that informed parent involvement as "participant advocates in their child's learning can improve the achievements of the child and the mental health of children, parents, and teachers."

028 Biklen, D. P. Let our children go: An organizing manual for advocates and parents. Syracuse: Human Policy Press, 1974.

Outlines procedures by means of which consumers and their allies can organize for the purpose of monitoring and changing the service delivery system as it relates to developmentally disabled people. The proposed steps are as follows: Step 1--know yourself before you organize others (in terms of prejudicial attitudes, values, and use of labels); Step 2--alliances (including their identification, importance, qualities, and means of developing); Step 3--identifying community needs (by means of listening to consumers, perceiving problems as public issues, and specifying solutions); Step 4--know those who resist change (in regard to their reasons, methods,

029

and ways of responding to them); Step 5--learning to use power (involving manipulation of support and cooperation as well as use of knowledge); and Step 6--action (includes criteria for choosing actions as well as descriptions of various tactics which may be used, e.g., demonstrations, demands, letter writing, public hearings, communication, symbolic acts, negotiation, community education, lobbying, boycotts, model programs, and legal action). In addition, two examples of other organizing efforts and an extensive listing of resource materials are presented.

029 Biklen, D. P. Deaf children vs. the Board of Education. American Annals of the Deaf, 1975, 120(4), 382-386.

Reviews two court cases, Pennsylvania Association for Retarded Children v. The Commonwealth of Pennsylvania and Mills v. Board of Education, relating to educational rights. These decisions established that disabled children must be provided a free public education as close to the mainstream as possible and that they and their parents also have a number of procedural rights. Within the framework of widespread legal advocacy on behalf of the handicapped, the efforts of a group of parents to obtain a local deaf education program are described. Beginning with a concern about their deaf children having to attend a residential school some distance from their homes, parents organized themselves for action. They proved the need for a local program and then learned about their legal rights to education. In conjunction with using the news media and educating the community, some of the parents developed and filed a lawsuit to compel the school district to comply with the law. Because of the building pressures, the school district agreed to implement a local program before the case came to trial. Parents were furthermore invited to participate in the planning and operation of the program. They thus succeeded in achieving their ends.

030 Biklen, D. P. Advocacy comes of age. Exceptional Children, 1976, 42(6), 308-313.

Defines advocacy as "an independent movement of consumers (e.g., parents, people with disabilities, and children) and their allies to monitor and change human service agencies." It differs from other ways of helping people, such as charity, in that it promotes independence, equality, and rights in regard to human services. Advocacy activities in recent years have generated a number of useful techniques which are practical means of obtaining desired objectives. These methods include demonstrations, making demands, letter writing, fact finding forums, using communication media and symbolic acts, negotiations, educational endeavors, boycotts, lobbying, creating model programs, utilizing legal mechanisms, and demystifying professions. Advocacy as working for social change presupposes optimism, and successes in this undertaking, such as legislative and legal changes which allow more handicapped children an education, comprehensive reports on issues such as school exclusion and institutional abuses, and new outlooks on human services, reinforce a positive attitude. Advocacy, then, has come of age and will continue to be a force directed at helping disabled people.

031 Bitter, J., et al. Client satisfaction with the written rehabilitation plan and other agency services. In S. E. Rubin (Ed.), Studies on the evaluation of state vocational rehabilitation agency programs: A final report. Fayetteville, Arkansas: University of Arkansas, Arkansas Rehabilitation Research and Training Center, 1975, pp. 308-325.

A pilot study examines whether increased client participation in IWRP development results in increased client satisfaction with the rehabilitation plan and whether clients differed in satisfaction with other rehabilitation services due to their involvement in IWRP development. The methodology of the study is presented in some detail. The following conclusions are drawn:

(1) there were no differences in client satisfaction between the tested procedures of developing the client's rehabilitation plan; (2) clients as a group are generally satisfied with the IWRP; (3) clients are even more satisfied with other aspects of rehabilitation services provided by the state VR agency; and (4) there are some differences between counselors relative to client satisfaction with some aspects of rehabilitation service delivery. Recommendations for further research are made.

032 Boggs, E. M. Advocacy and protective services: Where are we coming from? In G. J. Bensberg & C. Rude (Eds.), Advocacy systems for the developmentally disabled. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1976, pp. 3-22.

Presents some considerations and background information related to the development of Public Law 94-103's requirement for systems of protection and advocacy for the developmentally disabled. It is pointed out that self-advocacy skills of developmentally disabled persons are likely to need supplementation because of the nature of the impairment and the array of necessary services. Individual and collective advocacy are interactive, and each can be related to professional, lay, and legal advocacy. Various antecedents to the 1975 developmental disabilities act are discussed including protective services for children and the elderly, the growth of voluntary agencies, right to education legislation and litigation, citizen advocacy models, affirmative action, recognition of due process rights, and approaches to institutionalization. These factors culminated in the principles of voluntary admission to institutions and their use as a habilitation resource. Out of these orientations was developed a concern for standards which is reflected in the 1975 developmental disabilities legislation and which is strongly related to the mandated advocacy systems.

033 Bonovitch, R. C., & Woronoff, N. Advocacy in Michigan: Making systems work for people. Public Welfare, 1972, 30(2), 37-43.

As used in the field of social welfare, advocacy is defined as a "recommitment on the part of agencies and workers in the social welfare institution to the people they serve," and the development of a plan to implement this type of internal advocacy stance by the Michigan Department of Social Services is described. A number of questions dealt with by a planning committee are detailed, and the committee's recommendations are presented. The final report stresses that social welfare agencies must be responsive to client needs, accord justice to those being served, and adhere to social work ethics. It then outlines procedures for advocacy action by social services staff which are intended to alleviate unresponsive, unjust, or unprofessional conditions. In general, the plan has the following characteristics: the specified methods are time and step specific; it is assumed that all involved are acting in good faith; provision is made to protect the confidentiality of client-related information; and advocacy action is assumed to be an internal matter which requires minimal outside participation. Some of the deficiencies of the recommendations are discussed such as lack of supports for the advocate, the confusion revolving around the confidentiality issue, and inadequate criteria for undertaking advocacy action. It is noted that the recommended program was subsequently implemented.

034 Bowe, F. Consumer rights for the disabled. In R. M. Goldenson (Ed.), Disability and rehabilitation handbook. New York: McGraw-Hill, Inc., 1978, pp. 136-140.

Brief account of the historical development of the consciousness raising movement and organization of disabled persons. The year 1974 marked the formation of the American Coalition of Citizens with Disabil-

ities, Inc. (ACCD) which has focused ". . . upon securing the implementation and enforcement of the Rehabilitation Act and other vital legislation which promises to enhance the human and civil rights of disabled people." With the collective action of blind, deaf, and physically handicapped, ACCD has successfully opened many doors of discrimination through working within the system to affect social and political change. However, when legal approaches fail, militancy measures such as mass demonstrations, picketing, and office take-overs are being staged to secure the rights guaranteed in Section 504 of the Rehabilitation Act.

035 Bowe, F. G., Jacobi, J. E., & Wiseman, L. D. Coalition building: A report on a feasibility study to develop a national model for cross-disability communication and cooperation. Washington, D.C.: The American Coalition of Citizens with Disabilities, 1978.

Reports on a federally-funded project designed to identify and test mechanisms for forming linkages among various disability groups. A rationale for consumer participation and for cross-disability communication and cooperation is presented, and the methodology of the research program described. Several models for organizing disability groups are examined, and one featuring "participation by discrete organizations in an on-going open coalition" was selected for field testing. The implementation phase of the project first required (1) conditions be cultivated under which a coalition could be initiated; (2) establishment of an operational framework; and (3) maintenance of the established coalition. This process was carried out within the framework of the American Coalition of Citizens with Disabilities organization. The field application of the coalition model is described chronologically. It is concluded that this approach was successful in creating a force for consumer involvement in rehabilitation programming and public

policy making in that it increased the representativeness of the coalition and improved access to top decision makers. Finally, possible utilization of this model is discussed.

036 Bowe, F., & Williams, J. Planning effective advocacy programs. Washington, D.C.: The American Coalition of Citizens with Disabilities, 1978.

A comprehensive handbook for mentally able handicapped consumers on how to enhance the capabilities of existing consumer organizations and insure the effectiveness of new ones. Stresses the power of "coalition building" which involves uniting different groups with common concerns and beliefs who are served by the same policy or program. Support of such a broad-based constituency strengthens consumer participation. Authors contend that for advocacy programs to be successful, self-advocates and professionals must be well-trained and informed with unremitting diligence. Detailed discussions of "how to" develop leadership programs, secure financial support, conduct workshops and meetings, and increase local visibility for consumer organizations are offered with a chapter devoted to each topic.

037 Brager, G. A. Advocacy and political behavior. Social Work, 1968, 13(2), 5-15.

Asserts that the absence of professional advocacy is most detrimental to victims of social problems, and argues that the social worker should act as an advocate. This requires that he "sees as his primary responsibility the tough-minded and partisan representation of their (his clients') interests, and this supersedes his fealty to others." Such a person will be concerned with the redistribution of community power, and a likely target for his activities is his own agency due to ubiquitous professional self-protection mechanisms. Some of the methodological implications of the role

of the social worker as advocate are discussed based upon the assumption that advocates must act as political tacticians. It is pointed out that, since political behavior involves the purposeful rearranging of reality to effect a desired attitudinal or behavioral outcome, manipulation is a necessary tool. Given this requirement, it is recognized that professional guidelines must be established for its practice. Four such standards are suggested related to: (1) who benefits and who loses; (2) the subject of the political activity; (3) the principle involved or the end pursued; and (4) the nature of the political act. Risk is acknowledged to be inherent in this type of advocacy.

038 Brisbane, S. F. The Board of Directors as part of the labor force. In E. Manser (Ed.), Family advocacy: A manual for action. New York: Family Service Association of America, 1973, pp. 89-94.

Suggests that family service agency board members should be actively involved in the agency's advocacy program. For instance, they can make a valuable contribution by enlisting the support and participation of interested community residents. They can also establish and work on citizen-board committees formed for the purpose of exploring specialized problem areas. The board should organize an advocacy committee to administer the citizen-board activities, maintain close ties with the agency, and secure the endorsement and understanding of both the total board and the agency staff. In discussing the agency's advocacy efforts as a whole, it is recommended that these be directed primarily toward local, county, or state level targets. "Vital statistics" should be gathered regarding community conditions, and these can then be used for the purposes of prioritizing advocacy activities and supporting endeavors to effect change. While

family service agencies, because of their tax-exempt status, cannot become involved in partisan politics, they can take advocacy action aimed at assuring equal opportunities for all and at remediating social ills.

039 Brisbane, S. F. Calling it advocacy does not make it so. In E. Manser (Ed.), Family advocacy: A manual for action. New York: Family Service Association of America, 1973, pp. 106-108.

Cautions that the employment by a family service agency of indigenous citizens for work in outreach offices does not necessarily make them advocates, and the following assumptions are questioned: such a nonprofessional has instant rapport with his neighbors; he can communicate well with everyone of his socioeconomic background, understand in depth the problems of poverty, and engage in dialogue with social service agency personnel which will lead to remediation of social ills; he works hard with no selfish motivations; and all residents of a ghetto are the same. Employing agencies must take care not to lock the indigenous worker into poverty and dependency. They must, rather, make a special effort to make jobs meaningful in terms of advancement and professional development. Whether an outpost office is staffed by nonprofessionals or professionals, emphasis must be upon meeting the needs of clients and adapting to the life-styles of those being served.

040 Brown, B. M., & Zauha, H. The operation of the Nebraska Youth Advocacy Program. In W. Wolfensberger & H. Zauha (Eds.), Citizen advocacy and protective services for the impaired and handicapped. Toronto: National Institute on Mental Retardation, 1973, pp. 113-126.

Discusses the operation of the institution-oriented statewide Nebraska Youth Advocacy Program. The roles and functions of the state youth advocacy coordinator, the local youth advocacy chairpersons, and the adult youth advocacy advisors are described with an emphasis upon the importance of

coordination by a paid staff. Program regulations, which were generated in response to concerns of participants, are presented and include the following: (1) a youth advocate must take part in an orientation training session and serve a probationary period; (2) persons under age sixteen are encouraged to become involved in a two-to-one, rather than a one-to-one, relationship; and (3) advocates should be given information on their proteges. Procedures for visiting in the institution are outlined, and it is reported that the project has produced many positive results. Appended are copies of the program's participation form, certificate of qualification, visitation form, follow-up form, and reimbursement form.

041 Brown, S. W., & Dimsdale, P. B., Jr. Consumer information: Toward an approach for effective knowledge dissemination. The Journal of Consumer Affairs, 1975, 9(2), 55-60.

Asserts that consumers are the key to business responsiveness and that consumer education is the best means of producing knowledgeable and sophisticated consumers. However, consumer education programs generally fail because the educators do not understand the behavior of consuming groups. The following reasons are posited for the failure of efforts to deal with a particular consumer's needs and problems: (1) the majority of consumers are not motivated to become generally and adequately informed; (2) many have no exposure to formal consumer education; and (3) most importantly, consumer education cannot be effective until it is known what needs to be known and how to communicate it to consumers. A strategy is proposed for establishing an effective consumer information program. It is based upon researching the individual as he consumes. Such study is intended to discover the kinds of information used by major population segments and

their competence to deal with business-related information. Then study should be directed toward the nature of existing consumer education programs in relation to the above findings. It should then be possible to identify the most appropriate communications vehicles and to use appropriate professionals to develop programs to meet the needs of individual consumers. Finally, feedback devices must be established and used. It is concluded that the consumer is an individual and must be understood as such. Programs must be tailored accordingly.

042 Browning, P., & Rhoades, C. (Principal Investigators). The mentally retarded and consumerism within the rehabilitation system: A state-of-the-art study. In J. Fenton (Ed.), Research directory of the Rehabilitation Research and Training Centers. Washington, D.C.: U.S. Department of Health, Education and Welfare, National Institute of Handicapped Research, 1979, pp. 362-363.

A state-of-the-art study on consumerism and the vocational rehabilitation process with primary attention directed toward mentally retarded clients is in progress. The specific objectives of this study are: (1) to conduct a content analysis tracing the historical development of congressional records and federal legislation relating to consumer involvement since 1973, and regulations and guidelines pertaining to that legislation; (2) to conduct a comprehensive literature and analysis on handicapped consumerism; (3) to conduct a content analysis on Client Assistance Projects (CAPs) program documents and survey project personnel to ascertain the experiences and perceptions in serving mentally retarded clients in vocational rehabilitation; (4) to conduct a survey of rehabilitation service providers to ascertain their experiences and perceptions in serving mentally retarded clients in vocational rehabilitation; and (5) to conduct a study of

mentally retarded clients via in-depth interviews to ascertain their experiences and perceptions in receiving rehabilitation services. The study is in initial stages of investigation and no findings or conclusions can yet be drawn.

043 Bruck, L. Disabled consumer bill of rights. In R. M. Goldenson (Ed.), Disability and rehabilitation handbook. New York: McGraw-Hill, Inc., 1978, pp. 141-143.

This brief position paper notes that consumers with disabilities face an unequal marketplace for second-class citizens. Whether purchasing equipment and services for disability-related needs, or goods and services which everyone consumes, the disabled are frequently deprived of access, information, and communication made available to non-disabled consumers. For example, inflated prices for special medical devices, due to their party purchasers such as Medicaid and VR, force self-supporting consumers to pay twice, i.e., for self and in taxes. With respect to services available to everyone, physically disabled still confront drinking fountains that are non-accessible while hearing-impaired are deprived of advertizing and educational messages sent via airways. Time has come for citizens with disabilities to be recognized as full-fledged consumers.

044 Burgdorf, M. P. A national system of legal advocacy for disabled persons. In G. J. Bensberg & C. Rude (Eds.), Advocacy systems for the developmentally disabled. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1976, pp. 51-63.

Advocacy is essentially for the purpose of assuring the legal and human rights of all developmentally disabled persons. Within this framework, means of implementing Section 113 of the 1975 developmental disabilities legislation which requires the establishment of an advocacy system in every

state are discussed. Specifically, the following are suggested as necessary components of an advocacy system: (1) it must be statewide; (2) it must be independent of service providers and their legal representatives; (3) a variety of advocacy practices should be included; (4) there must be a capability for litigation, but it should be used only as a last resort; (5) it should cooperate with the state developmental disabilities council; (6) it should offer training on legal and human rights; (7) activities should be coordinated with other legal resources within the state; (8) it should coordinate all efforts on behalf of the developmentally disabled; and (9) it should be supervised by a lawyer. In addition, before establishing an advocacy system, states should analyze the status of their laws and available advocacy resources, designate a planning agency which supports the developmentally disabled, and focus on both institutional and community problems.

045 Buskirk, R. H., & Rothe, J. T. Consumerism: An interpretation. Journal of Marketing, 1970, 34, 61-65.

Purpose of article is to: (1) determine what consumerism is; (2) reveal what has caused it; (3) address its implications and potential dangers; and (4) develop guidelines for corporate policy in dealing with consumerism. Consumerism is defined as "the organized efforts of consumers seeking redress, restitution, and remedy for dissatisfaction they have accumulated in the acquisition of their standard of living." In addition to discussing two theories regarding the cause of consumerism, the authors identify the following as several catalysts in the consumer movement: (1) increased leisure time, rising incomes, higher educational levels, and general affluance have tended to magnify and intensify the forces of consumerism; (2)

inflation or rising prices have led consumers to increased quality expectations which are not achieved; (3) unemployment has been low; (4) demands for product improvement have led to increased product complexity; and (5) the success of consumer crusaders such as Ralph Nader and the political support which they have received. In discussing the implications of consumerism, authors note that the success of the movement will depend largely on the government's involvement. The relative role the government will play and that which industry will play, however, is considered to be a critical issue which must be addressed. With increased government regulations come increased costs, however, is considered to be a critical issue which must be addressed. With increased government regulations come increased costs, however, without these regulations, the consumer is or may be neglected. Thus, the question posed regarding the economic wisdom of consumerism is: "Is it socially wiser to accept the present market-determined rate of consumer dissatisfaction than to pay the marginal costs that will be incurred in reducing consumer dissatisfaction than to pay the marginal costs that will be incurred in reducing consumer dissatisfaction by government?"

046 Cagle, R. B. Optimizing delivery of government information to the consumer advocate: The consumer as decision-maker. Consumer Advocacy, June 1978. (U.S. Department of Health, Education and Welfare, Office of Human Development Services, Consumer Advocacy Project, Washington, D.C.)

Discusses the importance of utilizing government documents in advocacy work. Explains the necessity for consumers to have access to information regarding laws, policies, practices, procedures, if they are to function effectively. Discusses the function and availability of depository libraries, where government publications are made available to residents of

every state, District of Columbia, Guam, Puerto Rico, and the Virgin Islands. Local public and university librarians can assist people in locating the nearest depository library. Suggests consulting librarians for group instruction in the use of finding needed information. Past advocacy work indicates that obtaining information from primary documents, in representing the handicapped, tends to yield more practical accomplishments in a shorter period of time. Calls for the development of informational retrieval systems by consumer advocacy groups to improve the consumers' ability to obtain accurate information quickly to further the goal of self-reliance among the DD population. Gives examples of how consumer-advocates have relied on documents to support advocacy efforts, e.g., formulation of legislative recommendations, compilation of a health services system agency plan.

047 Carty, L. A. Advocacy. In R. M. Goldenson (Ed.), Disability and rehabilitation handbook. New York: NcGraw-Hill, Inc., 1978, pp. 144-164.

Advocacy, which is generally defined as pleading the cause of another as if it were one's own, can loosely be grouped as the "case" or "class" type. Case advocacy usually pertains to representation of one individual by another, whereas, class advocacy such as lobbying, public interest litigation, etc., may be performed by individuals or by groups acting on behalf of constituencies with a similar problem. The civil rights movement of the 1960's was exemplified by class advocacy. Furthermore, the 1970's has experienced class advocacy on behalf of the disabled which has led to a new public awareness of their legal rights and to a background of law on which case advocacy may be based. A pioneer in this movement has been the

Mental Health Law Project, which is a non-profit public interest organization based in Washington, D.C. The remainder of the chapter is a comprehensive description of the major litigative cases on behalf of the disabled, which according to the author reflects the combined qualities of the civil rights and consumer movement into a new kind of class advocacy. The cases discussed are grouped under the following headings: (1) right to treatment; (2) right to protection from harm; (3) right to refuse treatment; (4) right to fair compensation; (5) due-process rights of persons facing commitment; (6) right to liberty; (7) least restrictive alternative; (8) rights of the disabled in the community; (9) other rights in the community--licensing and voting; (10) housing--the right to live in the community; and (11) right to privacy.

048 Cherington, C. Community life and individual needs. In C. Cherington & G. Dybwad (Eds.), New neighbors: The retarded citizen in quest of a home. Washington, D.C.: President's Committee on Mental Retardation, 1974, pp. 1-17.

Discusses the needs of retarded persons within the context of normalized living in communities. A brief historical overview of society's treatment of this population is presented, and it is noted that the federal government first directed serious attention to the needs of the retarded in 1962. Six dimensions of needs are described including those of: (1) universal human need; (2) age; (3) capability; (4) change; (5) individuality; and (6) choice. Some of the barriers to providing services according to these dimensions are examined such as the complexity of organizational and bureaucratic life, human services reorganization, and pressures to economize. It is suggested that systemic advocacy, i.e., speaking on behalf of the individual at political, bureaucratic, and economic levels, is needed in order to overcome these

problems. Three forms of systemic advocacy are discussed: (1) monitoring of the service system by voluntary agencies; (2) planning and advising by state developmental disabilities councils; and (3) judicial recourse.

049 Cherington, C., & Dybwad, G. (Eds.). New neighbors: The retarded citizen in quest of a home. Washington, D.C.: President's Committee on Mental Retardation, 1974.

Explores a number of issues related to retarded persons in the community and presents numerous guidelines by which advocates can facilitate community adjustment. Specifically, the following chapters are included: (1) Community Life and Individual Needs; (2) Listen! Let Us Speak; (3) Whom Do We Call Retarded?; (4) The Retarded Citizen and the Law; (5) The Goal of Independence; (6) A Parent Speaks; (7) What Is a Home?; (8) Creating Community Homes; (9) A System of Services; (10) One Service System at Work; (11) Service Delivery in Rural Areas; (12) Outreach in Urban Areas; (13) New Directions for Volunteers; and (14) The Politics of Community Action. Throughout it is stressed that mentally retarded individuals share basically the same characteristics and needs with all other citizens, and service goals which are discussed have their foundation in these principles. Finally, it is emphasized that the retarded must be enabled to speak for themselves and participate fully in community life.

050 The Child Advocacy Project. Who speaks for children? Child advocacy in Philadelphia: A community development approach 1971-1976. Philadelphia: The Child Advocacy Project, Philadelphia Urban League, 1976.

Introduces the need for child advocacy and the Child Advocacy Project of Philadelphia which focused upon five substantive areas: education; youth activities; health and welfare; legal rights; and handicapped and

mentally retarded children. This handbook suggests methods and techniques useful in implementing a community development approach to child advocacy. Specifically, it describes activities and outcomes related to organizing community councils, training lay advocates, community education, and liaison with other groups. It furthermore discusses the need for intervention on behalf of individual children and presents nine case examples illustrating needs, action, and results. Also included are a number of case studies which demonstrate various advocacy issues and coordinated techniques of advocacy. It is concluded that child advocacy is becoming recognized as a legitimate tool in securing children's rights and that it is needed in order to make society recognize its responsibility to children and assure that their needs are met.

051 Cloward, R. A., & Elman, R. M. The storefront on Stanton street: Advocacy in the ghetto. In G. A. Brager & F. P. Purcell (Eds.), Community action against poverty: Readings from the mobilization experience. New Haven, Connecticut: College and University Press, 1967, pp. 253-279.

Describes some of the circumstances attending the lives of welfare recipients in a slum area of New York City and a Mobilization for Youth (MFY) advocacy endeavor aimed at improving the living conditions of these persons. The program was symbolized by storefront service centers to which area residents were invited to discuss their grievances. Most of the problems which surfaced involved the Department of Welfare, and, in order to get results, MFY social workers were required to actively take the side of their clients and to be advocates. Advocacy thus came to mean intervening on behalf of a client with a public agency to secure rights. As the program evolved, a legal advocacy component was added to supplement the efforts

of the social workers. In addition, the focus of MFY gradually shifted to include client action on their own behalf. To facilitate this orientation, a community organizer was hired who worked with client groups and taught them how to advocate for the fulfillment of common needs. It is concluded that as long as economic dependency exists, there will be a necessity for advocacy both by social workers and by consumers of welfare services.

052 Cobb, H. V. Citizen advocacy and the rights of the handicapped. In W. Wolfensberger & H. Zauha (Eds.), Citizen advocacy and protective services for the impaired and handicapped. Toronto: National Institute on Mental Retardation, 1973, pp. 147-161.

Clarifies the difference between disability and handicap, and points out that with the recognition that retarded persons can attain responsible adult status has also come a recognition of their rights. Three fundamental principles of human rights which are applicable to all citizens are positive presumption, due process, and instrumental protection, and the role of an advocate as a protector of legal rights is examined in relation to these principles. Furthermore, other, more specific, civil rights are outlined along with their implications for advocacy. These are: (1) the right to contract or convey; (2) testamentary capacity; (3) capacity to sue and be sued; (4) marriage and annulment; (5) parental capacity; (6) testimonial competence and credibility; (7) fair trial; (8) licensure; and (9) right to vote and hold public office. It is concluded that, although these rights should not be denied, instrumental advocacy may be needed to assure their full exercise.

053 Cohen, D. Remedies for consumer protection: Prevention, restitution, or punishment. Journal of Marketing, 1975, 39, 24-31.

Discusses federal regulatory agency remedies imposed for fraudulent and deceptive business practices. One such type of remedy is prevention of consumer abuse, and it includes such measures as codes of conduct, procedures for disclosure of information, and requirements for substantiation of claims. Another remedy is restitution, which includes affirmative disclosure, corrective advertising, refunds, and limitations on contracts. Finally, the punishment remedy is examined, which includes fines and incarceration, loss of profits, and class action suits. It is concluded that, although prevention is the most desirable public policy, it is, in itself, an insufficient protection. Punishment is a remedy which should be used sparingly. It is suggested that restitution is the most efficient remedial alternative based upon behavioral insights of the consumer. Arbitration is proposed as a type of restitution which should be explored.

054 Cohen, D., & Richards, C. V. Youths as advocates. Children Today, 1972, 1(2), 32-34.

It is asserted that youth advocacy can benefit both young people and society. That is, being an advocate can help adolescents clarify their emerging beliefs and values, and advocacy is also important in assuring support for youth participation in the community. Advocacy is defined generally as speaking on behalf of a person or cause, and an effective advocate must form a trusting relationship with those for whom he speaks, know the needs and remedies for them, make appropriate use of resources, be persistent in the face of adversity, and be deeply committed. Advocates operate in areas that are personally meaningful and work to effect change

in their immediate life situation. Thus, youth advocates are likely to focus their activities upon the school and other social institutions of which they are a part. In order to develop into mature and efficient advocates, young people must both be taken seriously by adults and institutions and be given the opportunity to learn from adults, particularly their parents, who are effectively advocating their own causes. Given such a situation, all parties involved can benefit.

055 Cohen, F. Advocacy. In M. Kindred, J. Cohen, D. Penrod, & T. Shaffer (Eds.), The mentally retarded citizen and the law. New York: The Free Press, 1976, pp. 592-615.

Suggests that a dependency model, rather than a sickness model, should be used in conceptualizing relief and services for mentally handicapped individuals. Within this framework, it is argued that case advocacy is needed for persons facing confinement as well as for those needing community services such as education. While law reform advocacy, which focuses upon establishing legal rights for a class of people through litigation and appeal processes, has had significant results, competent partisan representation of individuals has been found to be severely lacking. One attempt to provide effective legal safeguards to persons before commitment to mental hospitals is described. This organization, the New York Mental Health Information Service, is legislatively mandated as part of the judiciary. However, its capacity to protect the rights of citizens is limited in that it is designed to be a neutral agency. It is suggested that the future of representation for the mentally retarded may be based in lay advocacy rather than the legal profession. Various models of this sort should be tested as a means of using untapped citizen talent and dedication.

056 Cohen, J. Advocacy and the children's crisis: An invited commentary. American Journal of Orthopsychiatry, 1971, 41(5), 807-808.

Critiques Knitzer's analysis (see page 50) of the Joint Commission on Mental Health of Children's recommendation for a nationwide child advocacy network. Knitzer suggests that the system should provide the financing for the advocacy endeavor, thus leaving the advocates free to develop a consumer and institutional constituency and to work for social change at the local level. In response to this proposition, some issues are raised. It is pointed out that a situation in which an advocacy operation with policy functions is supported by the social system that is to be the target of change constitutes conditions of social policy rather than of advocacy. It is furthermore suggested that the proposed professional-consumer advocacy coalition is likely to result in emphasis upon changing service providing agencies to the exclusion of advocating for change in national priorities. Such a result would not necessarily assure more adequate resources to children and their families. It is recommended that professionals should risk themselves in an effort to achieve a desirable national policy and not settle only for the effects of local determination and professional advocacy at that level.

057 Cole, L. B. Ombudsman in vocational rehabilitation process. American Rehabilitation, 1976, 1(3), 18-20.

Client Assistance Projects (CAPs) were first authorized in the Rehabilitation Act of 1973 and officially begun in June of 1974. The purpose of CAPs, which are consumer-oriented projects administered by the state vocational rehabilitation agencies is, "to personally help clients who are having difficulties in understanding the service system, and those who are having problems regarding the services which flow through

the system." The following are several stipulations which were written into the Act with respect to project organization and operation: (1) each project must be directly funded and administered by the state vocational rehabilitation agency yet no project staff can be employed by or receiving benefits under that agency; (2) the project staff must be assured direct communication with top state agency administrators, yet they must respect the client/counselor relationship and resolve practical problems at the local level; and (3) all clients or client-applicants in the project area must have free access to the project for advice and counsel, yet the project staff must advocate for other services through the existing rehabilitation agency personnel. Initially, 11 CAPs were geographically distributed around the country. Based upon the first annual report of these 11 projects, it was estimated that over 2,000 handicapped persons had benefited from them in tangible ways. An analysis of this report highlights specific accomplishments of these projects, which include: (1) intake procedures were modified so that new clients were assured of a counseling interview on their first visit rather than simply getting a clerical processing for medical appointments and later assessment; (2) regular DVR staff have become more thorough in their work because they anticipate the interaction with project staff; (3) clients have been more participatory and committed to their rehabilitation program when they understood the system better; (4) professional sensitivity to certain groups of handicapped persons has increased following specific constraints and resolutions; (5) time lags have been identified and new solutions indicated; (6) universities are using these projects as training sites for rehabilitation counselors; (7) new grievances, new techniques for providing public information, and new staff training methods have been devised; (8) agency policies have been challenged and changed in areas such as scope

and nature of services provided, caseload expectations, personnel qualifications, and procurement practices; (9) community agencies have improved their communications with the rehabilitation agency and extended their efforts on behalf of clients during the rehabilitation process; and (10) job placement efforts and placement specialists have been increased to be more responsive to client needs.

058 Coletti, E. J. Meeting human needs thru self-help. American Rehabilitation, 1977, 2(5), 19-25.

A success story of consumer/counselor cooperation that eventuated in the creation of the Community Resources for Independence (CRI) in Sonoma, California, a counseling and information center designed to assist in locating various services for physically disabled people (most from his caseload) for the purpose of organizing a committee of people with vested interest in attaining independent living arrangements. Efforts were restricted to meet the needs of physically disabled only, excluding mentally impaired people. Consultation with the Center for Independent Living (CIL) in Berkeley and a polling of handicapped students at two colleges in northern California revealed that independent living arrangements were not the main concern of the physically handicapped. Popular needs expressed were for a center to assist handicapped people in locating doctors, counselors, financial counseling, and educational planning consultants who are versed in the unique problems faced by the physically disabled citizen. CRI was formed through volunteer efforts to eventually develop into an incorporated organization supported by a grant from the California Department of Rehabilitation. Today CRI and the Department work as partners to assist consumers in their effort to live independently within the community.

059 Coultas, M. K., & Goldstein, S. R. Who speaks for these ones? Social Work Today, 1972, 3(5), 7-11.

Discusses the social worker's responsibility to be an advocate for his clients. The advocacy role involves both representing the interests of individuals and promoting causes for the common good. Although the practice of advocacy by social workers is not new, a number of factors, such as consensus orientation, lack of technical skills, and status as an agency employee, mitigate against its widespread usage. A case example is presented which illustrates means by which a caseworker can influence administrative policy, and a seven-stage process of policy formulation is presented for the purpose of indicating to advocates specific methods and levels of intervention. A number of potential conflictual situations are discussed, and it is concluded that the advocate must use his best professional judgment in resolving these issues. The support of professional associations is necessary before workers can realistically be expected to play the advocate role. The National Association of Social Workers Ad Hoc Committee on Advocacy has recommended that this organization support advocacy by urging its members to give first priority to clients, providing assistance in this undertaking, and protecting workers against reprisals. It is also suggested that schools of social work should be responsible for preparing their students for effective advocacy.

060 Crosson, A. (Ed.). Advocacy and the developmentally disabled. Eugene, Oregon: University of Oregon, Rehabilitation Research and Training Center in Mental Retardation, 1977.

Provides a framework for understanding advocacy as it relates to developmentally disabled persons, and conveys the significance of the advocacy movement to this population. Intended to assist developmentally disabled

individuals, their parents, professionals, and others interested in being advocates. The five monograph chapters overview advocacy, discuss federal legislation, describe the basic services and support resources needed by developmentally disabled persons, outline a model support and advocacy system for the developmentally disabled, and conclude with the presentation of an annotated bibliography on advocacy.

061 Crosson, A., Browning, P., & Krambs, R. E. Advancing your citizenship: An advocacy manual for persons with disabilities. Eugene, Oregon: University of Oregon, Rehabilitation Research and Training Center in Mental Retardation, 1979.

This manual is intended to assist disabled persons in exercising their rights of citizenship. Presented in a question and answer format, it is expressly written for handicapped individuals, their parents, and their advocates. The first section covers major pieces of federal legislation which are very important for handicapped individuals, i.e., the Education for All Handicapped Children Act (Public Law 94-142); the Rehabilitation Act of 1973 (Public Law 93-112, as amended); and the Developmentally Disabled Assistance and Bill of Rights Act (Public Law 94-103, as amended). The second section introduces four consumer protection mechanisms required by federal legislation: (1) individualized program planning; (2) nondiscrimination; (3) least restrictive alternative; and (4) procedural safeguards in education. The final section consists of a series of case studies varying across age groups and service settings. They demonstrate the interpretation of federal legislation and the application of consumer protection mechanisms in terms of real-life problem situations. Problems which are frequently faced by disabled individuals are illustrated in story form, and remedies are suggested.

062 Cull, J. G., & Levinson, K. F. The rights of consumers of rehabilitation services. Journal of Rehabilitation, 1977, 43,(3), 29-32.

Discussed are the basic rights of clients in the rehabilitation process. These rights can be grouped according to legal and professional rights. The first type pertains to those rights which the client can seek recourse through the legal system when they are violated. The second type refers to those client rights which are protected by the professional ethics of the service provider and the ethical position of the profession they represent. Authors list a number of specific rights which include the client's rights to: (1) have explained in understandable terms the goals, functions, procedures, and operations of the agency; (2) to accept or reject rehabilitation services without coercion or prejudicial evaluations; (3) to be informed of the rights in the rehabilitation process; (4) receive appropriate referral and advocacy services in order to meet the needs which cannot or are not met by the rehabilitation agency; and (5) be apprised of the appeals process of the state rehabilitation agency.

The authors address an additional set of specific rights under the heading "Determining Eligibility or Ineligibility." Included are the client's rights to: (1) an impartial, thorough, and professional evaluation to determine eligibility/ineligibility; (2) be informed of ineligibility, to reapply for services, and a periodic review and reassessment of ineligibility; (3) be a full partner in the planning of services (Individualized Written Rehabilitation Plan); and (4) have major role in the selection of the providers of services. Thirdly, there are a set of rights which are aligned with the right to periodic review. The client has a right to expect periodic review of both intermediate and long-range goals and vocational objectives as recorded in the IWRP and a right to modify these goals and objectives.

The final category is entitled "All-Pervasive Rights" which include: (1) the right of access to material directly related to the client but which has been gathered by the rehabilitation counselor from secondary sources; (2) the right of access to data in the case folder which has been generated by the rehabilitation agency; and (3) the right to both prompt decision on the part of the counselor and agency as well as prompt services.

063 Dalmat, E. D. Pioneering in child advocacy. Journal of Clinical Child Psychology, 1974, 3(1), 10-12.

It is recognized that millions of children have problems in relation to the institutions which impact upon their lives and that the federal government has a responsibility to support families in adequately caring for their children. In response to this obligation, a total of 11 child advocacy projects have been funded jointly by the Bureau for the Education of the Handicapped, the National Institute of Mental Health, and the Social and Rehabilitation Services office. The seven major goals of these programs are: agency impact; community involvement; education and training; programs for handicapped children; evaluation; dissemination; and continuation and replication. In addition, the projects are attempting to demonstrate and evaluate various child advocacy models, effect legislation, and develop advocacy instruments and techniques. Strong evaluation components have been built into these demonstrations, and some preliminary findings are presented. Overall, it appears that the projects are developing satisfactorily and that interagency funding and administration of these programs are successful.

064 Daniels, S. Consumer involvement in rehabilitation. Rehabilitation Counseling Bulletin, 1976, 19(4), 610-612.

Author contends that the Rehabilitation Act of 1973 was, in part, testimony to the distance between the needs of disabled consumers and state rehabilitation programs. Preceeding the drafting of the Act were congressional hearings in which numbers of disabled people were "angry," "articulate," and "powerful" on Capitol Hill in voicing their dissatisfaction with the rehabilitation agencies. The nature of the Act itself is viewed by some as a public reprimand to the rehabilitation profession in that it includes such features as Client Assistance Projects, affirmative action, individualized written rehabilitation plans, and a priority for serving the severely disabled. Author further contends that, "Concurrent with the developing maturity on the part of consumers as a political force is the evaluation of the individual relationship between counselor and client, from one of parent to child to one of adult to adult". The following are some general guidelines/suggestions offered to help professionals develop more fully in this new relationship: (1) develop clients as a resource; (2) share constraints with consumers; (3) admit openly when a conflict of interest exists; (4) joint forces when issues are of mutual concern; and (5) use consumers as counselor educators. In summary, the Rehabilitation Act of 1973 mandated a fundamental change in the relationship between the disabled citizen and rehabilitation system.

065 Darling, J. Don't call us retarded--We are People First! People: Newsmagazine of the Oregon Department of Human Resources, Oregon Department of Human Resources, Salem, Oregon, April 1978, pp. 8-9.

A brief discussion about the purpose and goals of People First. People First is a self-help movement of developmentally disabled people

run by and for them. People First recognizes the hazards of becoming independent members of society. "We used to think each handicapped person should be integrated individually with normal people, but this led to isolation," is the way one helper in the movement explained this concern. People First represents handicapped people hanging together and helping each other. The organization believes that because this society is engineered chiefly for the convenience of normal people, DD people are unnecessarily handicapped.

066 Day, G. S., & Aaker, D. A. A guide to consumerism. Journal of Marketing, 1970, 34, 12-19.

Overviews the development of consumerism and defines it as protecting individuals from business and government practices which infringe upon consumer rights. The following are listed as representative facets of consumerism which emphasizes the direct relationship between consumer and business: (1) protection against clear-cut abuses; (2) provision of adequate information; and (3) protection of consumers against themselves and other consumers. It is suggested that consumerism will eventually identify with the concerns of inequity in the economic environment and the declining quality of the physical environment. As this happens, government intervention becomes more likely. Some of the sources of consumer discontent leading to the growth of consumerism are: (1) imperfections in the state of information in consumer markets; and (2) social changes, including new visibility of the low-income consumer, dissatisfaction with the impersonalization of society and the market system, and an increasingly better educated consumer. Consumerism became effective in the 1960s due to representation by strong advocates such as Ralph Nader and Warren Magnuson, expansion of institutional frameworks, and willingness

of consumers to take direct action. The legal and political structure have also been more willing to take action for a number of reasons. Since consumerism reflects persisting social problems, it is likely here to stay. Its future will relate to federal legislation and regulation, responsiveness of business operations, and relevant research.

067 DeJong, G. The movement for independent living: Origins, ideology, and implications for disability research. Boston, Mass.: Medical Rehabilitation Institute, Tufts-New England Medical Center, 1979.

A scholarly paper which evaluates independent living as a social movement, analyzes the movement's expression in disability services, and considers the movement's implications for disability research. The paper examines in depth the movement's constituency, origins, legislative history, and its relationship to allied social movements such as civil rights, consumerism, self-help demedicalization, and deinstitutionalization. The author contends that such an analysis enables us to identify the movement's values and ideological assumptions. The paper argues that independent living is more than a social movement but also an analytic paradigm that makes certain assumptions about the etiology of dependency and its amelioration. The independent living paradigm is contrasted with the rehabilitation paradigm that has dominated disability research. The paper analyzes how the shift from the rehabilitation paradigm to the independent living paradigm is likely to affect the future of disability research.

068 Des Jardins, C. How to organize an effective parent group and move bureaucracies. Chicago: Co-ordinating Council for Handicapped Children, 1971.

Recognizes the power which parents of handicapped children can potentially wield, and offers a comprehensive set of guidelines for organizing an

069

effective consumer advocacy group. Specifically, the following topics are discussed: (1) why a parent group?; (2) how to organize an effective parent group; (3) the nuts and bolts of your parent group; (4) how to choose effective leaders; (5) how to uncover buried talent; (6) how to make your parent group an action group; (7) how to move bureaucracies; (8) how to lobby and get results; (9) how to make headlines; (10) the power of speech; (11) how to open a classroom in the public schools; (12) how to open your own school and get funding for it; (13) the role of the professional; (14) the student's role; (15) the role of volunteers; (16) the role of the handicapped adult; (17) how to organize a coalition; (18) you can do it without money--almost!; and (19) how to keep your parent group from death's door.

069 Diamond, S. L., Ward, S., & Faber, R. Consumer problems and consumerism: Analysis of calls to a consumer hot line. Journal of Marketing, 1976, 40, (1), 58-62.

Reports on a study which was designed to characterize consumer problems based on information which required an effort by the consumer. The study involved examination of reports of 3,000 calls received by a consumer hotline in 1971, and a follow-up. The socio-economic status of callers was identified, and six problem categories were determined: (1) pre-purchase; (2) purchase/ transaction/delivery; (3) product performance; (4) guarantee/warranty/ contract performance; (5) service/repair; and (6) deposits/credit/ collections. Most complaints were directed toward retail and service facilities. Most consumers indicated that their problems had been resolved. Some data on consumer attitudes toward business are also reported.

070 Dickman, I. R. (Comp.). Thinking/learning/doing advocacy: A report on the National Advocacy Project of United Cerebral Palsy Association, Inc. New York: United Cerebral Palsy Associations, Inc., n.d.

Reports on an extensive national advocacy demonstration project, the purposes of which included developing programs which can be replicated by voluntary organization affiliates and promoting self-advocacy by developmentally disabled consumers. The objectives, activities, and outcomes of the project's model sites in New York State, San Mateo-Santa Clara Counties (California), and Milwaukee (Wisconsin) and its replication sites in Greater Kansas City (Missouri and Kansas), Rhode Island, and Illinois are described. Among the tentative conclusions drawn from the experiences of this project are the following: (1) the first step in any advocacy endeavor must be to assess the developmental disabilities and community systems; (2) any voluntary organization which is involved in effecting change in the service system and community will itself be changed; (3) the advocacy coordinator should generally have a limited role in case advocacy unless it contributes to systems advocacy; (4) consumers can be effectively mobilized to participate in the legislative process; (5) data collection and systems analysis are essential components of advocacy; and (6) creating advocacy support systems is also important. In addition, the necessity for consumer involvement is stressed, and examples, suggestions, and guidelines for achieving such participation are presented. Finally, criteria for initiation of new advocacy programs are detailed in relation to readiness, creation of an advocacy advisory council and its responsibilities, qualifications and responsibilities of the advocacy coordinator, and mileposts to be passed during a program's first three months.

071 Drake, J. Minnesota's consumer advisory project. Rehabilitation Record, 1973, 14(2), 25-27.

The purpose of this ongoing Consumer Advisory Project is to point the way toward a more responsive and effective rehabilitation program in the State of Minnesota. Two hundred and forty persons, half DVR staff and half present or former clients of the agency, attended the first meeting intended to begin a dialogue for the improvement of DVR services. Subsequent to this meeting will be seven regional meetings to be held in principal cities throughout the state. Three hundred additional handicapped persons will be able to participate in this continued practitionerconsumer dialogue. The agency director set the theme of the first meeting by telling the consumers, "We want you to rock the boat, but will you also help row it?" On the "rocking side" they expressed concerns in a number of areas: (1) a lack of warmth with the rehabilitation counselors; (2) general caseloads are too broad and unfeasible for success; (3) job goals were not high enough; and (4) too many of the employment conditions were demeaning, e.g., sheltered workshop wages. On the other hand, the consumers clearly expressed a desire and willingness to "help now." They requested that DVR publicize its services more in order than more handicapped persons might become aware of them overwhelmingly supported the motion for DVR to get more counselors and counselor aides. In addition, they requested to participate in a vastly stepped-up public information campaign about rehabilitation programs and its support needs by lobbying in the Legislature and Congress and helping devising and carrying out informational programs for the general public.

072 Dussault, W., & Carty, L. A. Legislation and consumer rights: Federal and state laws. In R. M. Goldenson (Ed.), Disability and rehabilitation handbook. New York: McGraw-Hill, Inc., 1978, pp. 127-136.

Detailed overview of some of the important recent legislation and federal entitlement programs designed to assist disabled persons attain maximum self-sufficiency. Focuses on areas of education, discrimination, enforcement, guardianship, accesibility, and social services. Traces the historical development of legal victories in each of these areas. For example, discussion on educational achievements begins with Brown v. Board of Education through the Education for All Handicapped Children Act (P.L. 94-142), to important key suits and court opinions such as the "PARC case" and Mills v. Board of Education. Discussion on discrimination begins with the significant implications of the Rehabilitation Act of 1973; particular emphasis given to the historical and current status of Section 504. Area of enforcement explains the Civil Rights Attorney Fees Act (P.L. 94-559), which authorizes federal courts to award reasonable attorney's fees to a party in cases where civil and constitutional rights are denied in areas such as employment, housing, and contractual relationships. Discussion on guardianship is based on the common presumption by states of absolute incompetence on the part of mentally handicapped people, rather than specifying areas of incompetence. Traditionally, guardianship has no due-process protections, few burden-of-proof requirements, and substantial procedural and substantive abuses. Notes the legal movement in some states, e.g., New York, California, Washington, to protect the individual in the specific area of incompetency. Issue of accessibility is deemed critical, as without access, other rights cannot be enjoyed by the physically handicapped. Discusses impact of the Federal Urban Mass Transportation Act of

1972. Mentions the Federal Architectual Barriers Act of 1963. Indicates the difficulty in getting transportation and building planners to recognize and adhere to these laws. Finally, asserts the importance of consumer participation in the social service system. As federal entitlement programs have increased over the years, so has red tape serving to block many of them. Consumer groups and citizen advocacy systems can help disabled people apply for and receive these services.

073 Edelman, M. W. Seeking effective child advocacy. Young Children, 1974, 29(5), 261-270.

Details various ways in which a vast number of children are excluded from school, and these findings of the Children's Defense Fund are suggested as a basis for advocacy action. Starting with the assumption that citizens can effect change on behalf of children, some of the common responses used by bureaucrats to explain their inaction are examined. These can be categorized as follows: agency denial of the problem, the scope of the problem, or the importance of the problem; denial of personal, institutional, or governmental jurisdiction; avoidance due to timeliness, need for further study, funding inadequacies, or community resistance; and excuses based on generalized guilt or recrimination arguments. In addition to anticipating responses, child advocates must have strong willpower, resist co-option and compromise, know the issues well, know what tactics will work in each setting, build means of communication with all involved persons, cooperate with other child advocacy groups, and take the offensive. In general, child advocates must be enablers in helping parents effectively raise their children. Finally, it is noted that children cannot be helped unless all those involved directly with them like, understand, and care about them.

074 Edelman, P. B. The Massachusetts Task Force reports: Advocacy for children. Harvard Educational Review, 1973, 43(4), 639-652.

Describes the activities of the Boston Task Force on Children Out of School (which in 1972 changed its name to the Massachusetts Advocacy Center), the purpose of which was to change public policy related to the exclusion of children from school. It is stressed that means as well as ends are important, and this paper focuses upon advocacy tactics which can be generalized to a variety of advocacy efforts. The Massachusetts program involved citizens at the local level, and some of the rules for advocacy endeavors derived from the experiences of this project include the following: (1) someone must identify the problem and initiate action; (2) an advocacy program cannot expect to start big--a problem must be well documented before substantial support will be forthcoming; (3) follow-up is essential; (4) the action plan must be flexible enough to adapt to changing conditions; (5) a variety of follow-up tactics should be available, e.g., use of the media, litigation, legislation, and administrative negotiation; (6) specificity of demands and data is necessary; and (7) communication with various agency personnel can be significant. It is finally emphasized that operations must be appropriate to local conditions, personnel, and political climate.

075 Eklund, E. Systems advocacy. Lawrence, Kansas: University of Kansas, Kansas University Affiliated Facility, 1978.

Systems advocacy is defined as "the process of influencing social and political systems to bring about change for groups of people." It is noted that public bureaucracies and agencies have much control over individuals and that social change related to these must be effected by groups of people. Four stages are mentioned as describing the maturation process of such groups:

(1) localism; (2) professional monopoly; (3) disparate clumping; and (4) coalition. The coalition approach is favored by legislators, permits accommodation, and is the most amenable to bringing about social change. A systems advocacy group must develop a mission statement reflecting its philosophy, needs of its constituents, and limits of accountability. It must, furthermore, plan systematically for its operation in terms of identifying the needs of the people whom it is representing, identifying and studying the issues including their substantive points, what the group wishes to accomplish, and essential components. Once these steps have been taken, strategic and administrative objectives must be formulated which constitute a plan of action. Finally, systems advocacy groups should develop means of evaluating their activities. The successful outcome of this process will be permanent systemwide change.

076 Ellis, E. B. The cooperative relationship of consumer and professional advocates: Principles. In C. D. Rude & L. D. Baucom (Eds.), Implementing protection and advocacy systems: Proceedings of a national developmental disabilities conference. Lubbock, Texas: Vintage Press, 1978, pp. 75-76.

Since consumer and professional advocates have different skills and perspectives, a cooperative relationship must be established for maximum effectiveness. Professional advocates are technicians whereas consumer advocates have the best understanding of needs. Advocacy is to foster change, and it requires interaction of professionals and consumers. The steps in this interaction are outlined. The consumer advocate learns to define the desired change operationally, select strategies and tactics, and undertstand laws, regulations, etc. This knowledge helps him or her become independent and do more for themselves.

077 Emory, P., & Parks, W. H. Protective service and public guardianship in Ohio. In C. K. Sigelman (Ed.), Protective services and citizen advocacy. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1974, pp. 33-41.

Protective services are essential for disabled people living in the community. They are defined as activities "directed toward the individual's welfare in a systematic manner, are backed up by legal sanctions, and are carried out through case management techniques." The development of the Ohio Office of Protective Service and Public Guardianship is described in terms of its organization, rationale, goals, and operation. Furthermore, types of protective service personnel and procedures used by them are discussed in some detail. A significant component of the program is evaluation, and it is monitored both internally and by independent personal advocates. Among the conclusions derived from the program's first two years of experience are the following: a need exists for a closer relationship between the protective service system and the citizen advocacy function; formal trusteeships and guardianships are not being overused; many persons who do not need protectorships can nonetheless benefit from other services; and caseloads are large in terms of adequately evaluating client needs. Overall, it is suggested that the Ohio Protective Service and Public Guardianship program is providing important services for the developmentally disabled.

078 Epstein, I. Professional role orientations and conflict strategies. Social Work, 1970, 15(4), 87-92.

Defines three major professional role orientations as directed toward the profession, the employing organization or agency, and the recipient of service or client. The impact of these orientations on social

workers' commitment to radical strategies of social change are discussed. The findings from a 1966 survey of social workers indicate general acceptance of consensus change strategies but dissensus over conflictual strategies. More specifically, the data demonstrate that agency commitments tend to be conservatizing while client orientations are radicalizing. Commitment to the profession alone is neutral. However, professionalization intensifies the conservatizing effects of an agency orientation but also heightens radicalization of those with a client orientation. It is concluded that professional norms are unclear in regard to conflictual strategies for social change. Therefore, social workers must decide in whose interests they are going to use their professionalism.

079 Evans, J. The role of the consumer in rehabilitation. Journal of Applied Rehabilitation Counseling, 1974, 5(3), 184-188.

With the movement to integrate and normalize disabled groups who have historically been segregated, consumers must be given an increased voice in their rehabilitation process. Speculates on possible future consumer involvement such as consumer blacklisting of programs, facilities, and professionals they deem inefficient, and the use of a written contract between consumers and agency. Rehabilitation programs of the future would ideally be integrated and an integral part of the consumer's community with the consumer taking the role of an agency "member" rather than a client. Thus, the consumer would have decision making power regarding self, the agency, and the community.

080 Fenton, J. Meaningful consumer participation in Research and Training Center program development. Informer, 1977, 6(4), 2-4. (U.S. Department of Health, Education and Welfare, National Institute of Handicapped Research, Washington, D.C.)

Dr. Fenton, former Director of the network of Rehabilitation Research and Training Centers (R-T Centers), discusses a variety of examples from the R-T Centers regarding their active participation in the movement of consumerism. He indicates that the R-T Center's commitment to consumer involvement and participation in the rehabilitation system preceded the legislative thrust in consumerism set forth by the Rehabilitation Act of 1973 and the 1974 Amendments. In summary, he states, ". . . consumer participation and involvement is not a Johnny come lately thing for the R-T Centers. It has not only come of age but has been experienced as a mature, productive, and integral part of the Center's ongoing program. The Centers have learned early in the game that token consumer participation is nonproductive and that real consumer involvement is the only way to determine if the shoe fits--if it pinches, where--and what should be done about it. Real consumer involvement and participation is basically good rehabilitation practice."

081 Foss, G. Bostwick, D., & Harris, J. Problems of mentally retarded young adults and obstacles to their rehabilitation: A study of consumers and service providers (Rehabilitation Research and Training Center in Mental Retardation, Center Paper No. 112). Unpublished manuscript, University of Oregon, January 1978.

Reports on a study which was conducted to identify major problems of mentally retarded young adults and obstacles to their rehabilitation. Data were obtained both from mentally retarded rehabilitation consumers and rehabilitation service providers in 11 western states. The objectives of the

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study were to: (1) identify the problems of retarded persons, as perceived by retarded persons, in community settings and by rehabilitation service providers; (2) prioritize, by ranking, the problems identified in Objective 1, and determine the relationship between the prioritized rankings of retarded persons and those of rehabilitation service providers; and (3) identify high priority research problems and the obstacles service providers face in remediating those problems. This investigation was conducted in two phases: problem identification and problem prioritization. The problem identification data were derived from 58 mentally retarded young adults and 60 rehabilitation service providers. Following this, an additional 101 mentally retarded young adults and 277 service providers prioritized the problems identified. The service providers also identified major obstacles to the remediation of the highest priority problems. It was found that more concern was expressed by both retarded persons and service providers regarding the interpersonal/social skill deficits of retarded persons than about any other problem area.

082 Freedman, D. The retarded citizen and the law. In C. Cherington & G. Dybwad (Eds.), New neighbors: The retarded citizen in quest of a home. Washington, D.C.: President's Committee on Mental Retardation, 1974, pp. 37-49.

Examines legal rights as they pertain to the mentally retarded. Rights are defined as legal power and as an expectation that other persons will act in a certain way. They are derived from such sources as philosophical-religious mandates, the Constitution, legislation, the judiciary, and contracts. The application of rights to persons unable to advocate for themselves presents serious dilemmas for advocates, i.e., "How does an individual . . . determine the course of advocacy for an individual who has not expressed his interests and desires?" The choices available to an advocate include representing the client's best interest as defined by someone

else, acting on the basis of general principles, and choosing directions according to how he would act. Each of these alternatives presents difficulties, and it is suggested that a plurality and conflict of advocacies can be expected in the future. The due process clause of the Fourteenth Amendment is thought to hold hope for the application of rights to the retarded, and guardianship is overviewed in terms of reforms which parallel changes in social perceptions of the retarded. It is concluded that advocates for mentally retarded persons must adhere to a newly emerging right to responsibility which is based upon the following legal trends: (1) any restriction of the individual is suspect; (2) individuals must be allowed to exercise options; (3) all individuals can develop; and (4) all law is grounded on individuality.

083 Freedman, J. One social worker's fight for mental patients' rights. Social Work, 1971, 16(4), 92-95.

Criticizes social workers for their pervasive silence about degrading social conditions and asserts that it is possible for an individual social worker to bring about reforms. Author draws on his own experiences regarding a mental health hospital to demonstrate how reforms can be made. Believing that he could not effect changes as a hospital employee, he went to work outside the system. Initially, support was mobilized from influential community sources such as the news media, professional associations, and the legislature. This resulted in a legislative investigation which examined complaints and heard testimony from a wide variety of parties. It was found that there was evidence of physical abuse and mistreatment of patients, and many recommendations were made. Consequently, a number of changes wee attempted both through the hospital administration and new legislation. However, much still remains to be done. It

is stated that advocates must expect harassment from their target and that the job is not easy. Support from others is essential. In spite of these obstacles, it is reported that the author gained significant benefits as a result of his advocacy in terms of personal and professional growth and the satisfaction derived from helping those in need.

084 Friedman, P. R. The rights of mentally retarded persons: The basic ACLU guide for the mentally retarded person's rights. New York: Avon Books, 1976.

Overviews the constitutional and statutory rights of the retarded, particularly as defined in court cases. Contents include the following: (1) the problems of classification; (2) overview of civil commitment, competency and guardianship proceedings, including rights in the civil commitment process, and rights in competency and guardianship proceedings; (3) rights of mentally retarded persons in institutions, including right to habilitation and protection from harm, limitations on hazards, intrusive and experimental procedures, right to sexual expression, right to fair compensation for institutional labor, right to liberty, and other basic rights in institutions; (4) rights of mentally retarded persons in the community, including right to education, right to live in the community, sexual and marital rights, right to a barrier-free environment, employment rights, right to be free from discrimination in voting, driving, and exercising other basic rights and privileges of citizenship, right to medical care, and rights under federal financial-assistance and benefit programs; (5) rights of mentally retarded persons in the criminal process; and (6) right to a legal advocate. Appended are glossaries, a bibliography, a listing of legal rights organizations, the U.N. Declaration of the Rights of Mentally Retarded Persons, and the official AAMD statement on rights of mentally retarded persons.

085 Fusco, F. Consumer as advocate: Personal perspective. In J. L. Paul, R. Wiegerink, & G. R. Neufeld (Eds.), Advocacy: A role for DD councils. Chapel Hill, North Carolina: Developmental Disabilities Technical Assistance System, 1975, pp. 31-35.

Presents the views of a handicapped individual as they relate to himself and advocacy. Within the context of a personal history of disability, it is asserted that experiencing an impairment can be used to help others as an advocate. Education about the disabled requires motivation, sensitivity, and intelligence in order that such persons can truly be helped, but no one can fully understand the problems unless he has lived them. Some of the frustrations of being handicapped are reviewed along with a testimonial on how they were overcome. Out of this experience, it is asserted that advocacy requires knowledge, planning, and courage and that compromise and indecision can be extremely harmful to the cause.

086 Gailis, A., & Susman, K. M. Abroad in the land: Legal strategies to effectuate the rights of the physically disabled. Georgetown Law Journal, 1973, 61, 1501-1523.

Suggests legal strategies which can be developed using existing theories in unexplored ways whereby the handicapped and their advocates can assert the right to equal treatment. Focuses on the areas of education, physical access, and employment and considers how court opinions, the Civil Rights Act of 1964, the thirteenth amendment, and the subsequent Civil Rights Act of 1966 can be interpreted as foundations for constructing arguments asserting the prohibition of discrimination against the handicapped.

For example, the thirteenth amendment was drafted to eradicate the inherent injustice of maintaining a class of people in an inferior position; and in its spirit can be generalized from blacks to the handicapped. The purpose of the amendment was to secure universal freedom, even though its framer comprehended no other discrimination of the handicapped in private employment could be based on the thirteenth amendment. Careful selection of strong cases in which the denied right is extremely important, may achieve some success for handicapped persons through the courts. However, the inclusion of the handicapped among those protected by the Civil Rights Act of 1964 is the most desirable solution at the federal level. This would give handicapped people access to the Act's complaint mechanisms.

087 Gartner, A. Consumers as deliverers of service. Social Work, 1971, 16,(4), 28-32.

Positive efforts to meet demands for social services tend to increase the demand. Such demands may be interpreted as a positive result. Wereas some agencies adopt strategies that reduce demand, others follow practices which respond positively to needs. Many of these positive practices involve participation of consumers. In fact, in order to meet growing demands, agencies must make effective use of indigenous manpower and allow service recipients also to provide services. Various examples are presented of how this can be done. One effect of such efforts is that the consumer will become more knowledgeable about his or her own services and be able to act more effectively in the consumer role.

088 Gettings, R. M. The implications of recent litigation involving the rights of the mentally retarded. In The rights of the mentally handicapped. A conference held in San Francisco, California, June 14-16, 1972, sponsored by U.S. Department of Health, Education and Welfare Regions IX and X, pp. 19-24.

Presented are the implications of present court suits involving the rights of the mentally retarded and what they mean to persons who have program responsibilities at the state level. The suits are grouped into three types: (1) the right of treatment; (2) right to education; and (3) freedom from involuntary servitude. Six implications resulting from recent litigation falling within these three categories are briefly discussed. These include: (1) Parents and other consumers of services are displaying a new sense of militancy toward the substandard conditions which continue to exist in the state residential facilities and public school classroom alike; (2) Charity is no longer good enough for the mentally retarded. The retarded have certain rights as citizens and should receive the benefits attendent to those rights as a basic constitutional entitlement; (3) Many of the principles that were enunciated in the great civil rights decisions of the 1950's and 1960's have applicability to other minority groups including the handicapped; (4) Federal courts are showing a great deal more willingness to delve into areas which previously were considered strictly administrative domain; (5) Failure of professionals to find meaningful solutions to the problems of many retarded individuals has created an atmosphere of doubt and suspicion among consumers and society in general; (6) The courts are redirecting our attention to the rights and prerogative of the individual and what he derives from our service programs. This focus on the entitlements of the individual is proposed to be a healthy counterbalance to the view of many budget officials, legislators, and programmers who prefer to

consider things in terms of service groupings rather than the individual per se. Finally, the author discusses some of the administrative problems surrounding the implementation of the recent court decisions.

089 Goldsmith, B. J. Coalitions of disabled citizens: Basic organization and structure. Boston, Mass.: Tufts-New England Medical Center, Medical Rehabilitation Research and Training Center, 1979.

Author contends that unless careful consideration of internal organizing and external planning for action take place, coalitions for the handicapped will rise and fall. The purpose of this manual is to discuss issues pertinent to the development and lifespan of coalitions for the handicapped and consider elements involved in operating a coalition. Brief overviews of 17 existing state coalitions, (19 consumer controlled and 5 professional controlled) are provided based on a survey conducted by the Research and Training Center at Tufts-New England Medical Center. Contact persons, addresses, and telephone numbers for each coalition are provided. A lengthy instructional discussion on strategies for building toward a successful coalition, with existing coalitions to refer to, make this manual very useful to those planning to develop a coalition or provide training in the area. Recommendations from the author who has been extensively involved in coalition building with handicapped persons is provided.

090 Goodkin, H. F. A guide to community action for the handicapped. Chicago: Access Chicago, Rehabilitation Institute of Chicago, n.d.

Discusses the Access Chicago project, sponsored by the Rehabilitation Institute of Chicago, the objective of which is to remove the architectural and transportation barriers that confront mobility-limited persons. A history

of the program is outlined along with a description of its initial conference. The conference purposes of developing an awareness of barriers problems, planning action, and exploring remedies culminated in a list of resolutions upon which subsequent activities were based. These ongoing operations primarily involved public awareness endeavors, consultation with business and government bodies, and monitoring. Various methods and mechanisms for implementing such programs are suggested including conferences, advisory councils, organizations, guide books, legislative surveys, development and passage of architectural barriers legislation and transportation policies, legal action, public relations, and fund raising. Appended to this handbook are listings of federal barriers legislation and resource persons and organizations as well as a sample of the project's newsletter, building survey forms, an illustration of a guidebook format, and model legislation and building standards.

091 Graf, G. T. Outreach in urban areas. In C. Cherington & G. Dybwad (Eds.), New neighbors: The retarded citizen in quest of a home. Washington, D.C.: President's Committee on Mental Retardation, 1974, pp. 143-159.

Issues relating to poor, inner-city retarded persons are explored, and the need for adequate comprehensive supportive services is stressed. Within this framework, advocacy outreach services, as exemplified by projects STAR and RESCUE, are discussed in some detail. It is suggested that such programs should be independent of public agencies and that staffing arrangements which incorporate indigenous workers are of crucial importance to a project's success. Necessary components of an advocacy outreach service include the following: (1) case finding; (2) referral; (3) parent training; (4) supportive counseling; (5) interagency cooperation; (6) target area-community education; (7) supportive advocates; (8) backup group

advocacy support; (9) consumer input; and (10) law enforcement involvement. It is recommended that the nation should commit itself to eliminating retardation caused by poverty and to meeting the needs of those afflicted with retardation. In order to achieve these goals, it is furthermore suggested that all advocacy agencies for the mentally retarded must coordinate and unify their efforts.

092 Greenberg, P. The devil has slippery shoes: A biased biography of the Child Development Group of Mississippi. London: The Macmillan Company, 1969.

Documents in great detail the history of one of the Office of Economic Opportunity's Head Start projects funded under the title of Child Development Group of Mississippi. This program was initially conceived and administered by a few white professionals, but it was based upon the radical idea that, not only should educational opportunities be made available to poor black children, but also the schools should be run by the people themselves. With a considerable degree of success, poor black citizens were mobilized to take charge of their own community endeavors, but much hostility was encountered from racist whites, local officials, and the federal government. This account was written by a person who was involved in the project from its beginning, and it illustrates the struggles and reactions of a variety of its participants and the commitment of child advocates in the midst of formidable opposition. Also demonstrated are some of the gains accomplished by this program.

093 Grikscheit, G. M. & Granzin, K. L. Who are the csnsumerists? Journal of Business Research, 1975, 3(1), 1-12.

Attempts to discern the relationship between consumer's general orientation in society to his or her position on issues in consumerism. Investigates the problem of identifying key characteristics of groups of people holding different views on consumerism. Three types of general measures are used to determine the relationship of social factors and attitudes toward consumerism: (1) satisfaction with one's social and economic environment; (2) trustfulness of others; and (3) the extent of one's reliance on business and/or government to protect the individual consumer. Based on a cluster sampling scheme and random selection, 295 persons responded to a six-page questionnaire containing items based on the variables hypothesized above as well as demographic variables. To provide a basis for distinguishing among various viewpoints on consumerism, respondents were characterized on the basis of their similarity and difference of opinion on consumerism topics. Six variables were identified as typical reflections of discontent of the consumer movement and proposed remedies, i.e., culpability of business firms, need for more consumer protection, need for protective legislation, need for organizing consumers, need for consumer education, and appreciation of consumer spokesman. Cluster analysis was used to simultaneously consider these variables and assign individuals to four homogeneous groups. Multiple discriminant analysis was used to test the null hypothesis of no difference among the four groups. Scores of the six variables are reported for the four groups, A, B, C, and D, and summarized to depict their memberships. They are titled as follows: Group A--general consumerists; Group B--selective consumerists; Group C--organized

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consumerists; Group D--organized consumerism rejectors. These four faces of consumerism suggest the many different sets of attitudes held by consumers, once again disproving the myth of consumers as a monolithic constituency. A consumer's integration or contrawise alienation from his or her society effects his or her attitude toward the marketing system. To remedy consumer discontents, business and governmental leaders must view consumer problems in their broader societal context to develop a base for designing preventative and corrective programs.

094 Grosser, C. F. New directions in community organization: From enabling to advocacy. New York: Praeger Publishers, 1973.

Political and social developments during the 1950s and 1960s have profound implications for community organizers and planners. Impacting upon them are both pressures to involve consumers of social welfare services in programs which influence their lives and resistance to meaningful citizen participation from the political and professional arenas. Examined in detail are the efforts of the social work and community organization professions to adapt themselves to this volatile social climate and the problems and issues with which they have to struggle. Within this context, the following topics are discussed: the social factors which influence the development of welfare systems and community organization; changes which occur in public and voluntary settings both in terms of newly created opportunities and of modifications of traditional institutions; the effects and uses of these changes; and long-term results and potential of the dynamics which are in operation. Demonstrated is the evolving concern of organizer-planners for remedying social ills, and, consequently, their shifted focus away from individual problems and toward advocacy, the purpose of which is to correct the social causes of human suffering.

095 Guskin, A. E., & Ross, R. Advocacy and democracy: The long view. American Journal of Orthopsychiatry, 1971, 41(1), 43-57.

Overviews broad social trends and the development of the advocate planner role. It is noted that, in recent years, the existence of political pluralism has been limited to only certain segments of the population and that, to a great extent, it has been replaced by social engineering. Within this framework, the advocate planner seeks to perfect pluralism by facilitating the inclusion of otherwise unrepresented groups in the political process and to provide the technical expertise needed for effective competition. The advocate planner has emerged with the interest in community control of its own destiny and is a professional advisor to and spokesperson for low income groups in the inner city. His/her goal is to improve the quality of community and individual life, and his/her functions include the following: (1) using political and technical advocacy to prevent abuses and inequitable change; (2) applying professional skills in creating alternatives and opposing unresponsive plans; (3) organizing articulate community groups; (4) acting as a liaison person between client groups and city planners/decision makers; and (5) collecting data to support positions. A major problem confronting such advocates is the establishment of trust by the client group. Advocates can be characterized by belief in participation of the poor and the necessity of some short-range payoffs, distrust of established decision-making bureaucracies, and a conviction that planning and politics cannot be separated. The efficacy of their role is limited, not only by social conditions in general, but also by the facts that policy is made at the national level and that community resources are extremely limited. Finally, it is suggested that for maximum effectiveness, advocate planners should organize themselves into a national movement.

096 Gwinner, R. F., Brown, S. W., Hagan, A. J., Ostrom, L. L., Rowe, K. L., Schlacter, J. L., Schmidt, A. H., & Shrock, D. L. Consumerism. In R. F. Gwinner et al. (Eds.), Marketing: An environmental perspective. New York: West Publishing Company, 1977, pp. 497-527.

Briefly traces the history of the consumer movement in business, and defines it as "a force within the macro environment designed to aid and protect the consumer by exerting moral, economic, and political-legal pressures on business." The following goals of consumerism are discussed: (1) the buyer needs help in coping with the complexities of the marketplace; (2) consumers need protection from fraud and deception; (3) consumers need competent representation in government; (4) consumers want strengthened competition in business; (5) consumers want government assurance of safe products; (6) problems of low-income consumers should be considered; and (7) business should be knowledgeable about the needs of consumers. Specific consumer complaints are listed, and leaders in the movement are described. President Kennedy's statement on rights of consumers is presented. Some criticisms of consumerism are that it is destroying the free enterprise system, it underestimates buyer sophistication, the approach is negative rather than constructive, and inadequate competence and accountability of consumerists. Special problems of the low-income consumer are reviewed, with focus being given to metropolitan-area dwellers, the elderly, rural dwellers, American Indians, and the Spanish speaking. Since consumers must be knowledgeable in order to make business more responsive, a prescriptive framework for developing effective consumer education programs is presented.

097 Haggerty, D. E. Definitional aspects of advocacy and protective services. In G. J. Pensberg & C. Rude (Eds.), Advocacy systems for the developmentally disabled. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1976, pp. 43-50.

Perceives the term "advocate" as synonymous with "lawyer", and defines advocacy as to "actively support a cause--to plead on another's behalf." Some legal processes which do not fall under the category of advocacy are noted, and aspects of the historical development of advocacy for the developmentally disabled are overviewed. Within this framework, it is pointed out that the parent volunteer movement which began in 1950 did not embrace true legal advocacy. This only began later with the Pennsylvania right to education case which was the first class action suit of its kind. The background of this case is reviewed, and the recognition by national associations of the possibilities inherent in litigation is discussed. It is cautioned that, although lawsuits have become prevalent in this area and courts have demonstrated a willingness to protect the rights of persons unable to care for themselves, legal advocates must carefully define their terms before proceeding in court. Among the issues which must be addressed are: whose rights are being represented; what "quality of life" is being advocated; and who can best serve as advocates.

098 Haggerty, D. E. Legal advocacy. Amicus, 1976, 1 (4), 11-13.

Points out that legal advocacy on behalf of the developmentally disabled has made a significant impact beginning with the Pennsylvania Association for Retarded Children v. Pennsylvania case in 1970. This litigation was a class action suit to establish a right to education for retarded youngsters, and it resulted in educational opportunities as well as legal precedent. Following the success of this case, similar ones became very

numerous, and the legal approach has gained significant momentum. However, it is cautioned that legal advocacy has limitations and that it should only be used as a last resort. In order to achieve a desirable disposition, issues must be properly presented to a court. But before this can be done, legal advocates must concern themselves with defining terms relevant to their cause. That is, they should be very clear and precise in regard to their conceptions of such areas as proper treatment, rights to be protected, and quality of life before submitting cases related to these to the court. It is furthermore suggested that advocates must take care that they truly represent the interests of their constituents, and it is strongly asserted that service providers cannot play this role.

099 Hallgren, B., Norsman, A., & Bier, D. Life, liberty, and the pursuit of happiness: A self advocacy curriculum. Madison, Wisconsin: Wisconsin Coalition for Advocacy and the Wisconsin Association for Retarded Citizens, 1977.

A curriculum developed by the Wisconsin Association for Retarded Citizens and the Wisconsin Coalition for Advocacy. Designed to help prepare developmentally disabled persons for more effective self-spokesmanship. Specifically, this 12 session self-advocacy course, which can be implemented within a 12-week period with one two-hour session per week, is intended to introduce developmentally disabled persons to basic concepts of individual differences, independence, human/civil rights and responsibilities, laws, and the law-making process and self-advocacy. The authors note that these materials are intended to lay the foundation for more detailed one- or two-day workshops dealing with specific rights and entitlements in areas such as voting, SSI, vocational rehabilitation services, housing, and the like.

100 Hammer, P. Advocating for resources. In J. L. Paul, R. Wiegerink, & G. R. Neufeld (Eds.), Advocacy: A role for DD councils. Chapel Hill, North Carolina: Developmental Disabilities Technical Assistance System, 1975, pp. 85-119.

Asserts that two strategies are being utilized within the developmental disabilities movement to modify the competitive system of distributing resources: direct accessing of people, information, and goods; and advocacy. Both of these approaches involve monitoring, intervening, and influencing the "decision points of public resource distribution." That is, in order to effectively assure benefits to disabled persons, existing patterns of public funding must be understood and used. Within this context, past and future trends in resource allocation are traced including consideration of social programs of the 1960s, categorical grants, consumer participation, new Federalism, revenue sharing, and the Supplemental Security Income program. In regard to the latter, it is suggested that developmental disabilities councils can help the disabled applicant by means of providing training for involved service delivery personnel, monitoring the implementation of this program, and offering information and advocacy services to individuals needing assistance. Appended is a set of training materials simulating the problems of a disabled person applying for Supplemental Security Income benefits.

101 Hanlan, A. Public welfare, civil rights, and human rights. Public Welfare, 1969, 27(1), 36-39.

Assumes that the role of public welfare is to help society survive with its principles intact. It is further asserted that we can master our nation's fate and work for a society in which everyone takes part in the good life. In regard to public welfare workers, it is stated that

they must acquire a dual perspective of their work which includes an understanding of the program and of the recipient's views. The latter involves both recognition of recipient resentment and hostility and also the skills with which to deal with it constructively. Public welfare must establish new working relationships with many sectors of society with the highest priority, given to encounters with the poor. It is necessary that these encounters show respect for their humanity, affirm their dignity, and demonstrate a humanization of the day-to-day administration of public welfare.

102 Hanna, J. Advisor's role in self-advocacy groups. American Rehabilitation, 1978, 4(2), 31-32.

Discusses a People First organization in Kansas, the purpose of which is to allow developmentally disabled people the opportunity to make their own decisions. It is suggested that the major role of an advisor to such a group is to help members develop the skills and confidence for making decisions. He or she should also help develop alternatives. Advisors must accept the philosophy of People First and avcid labeling and stereotypic judgments. They should assume members can do things until they prove otherwise, and find the fine line between helping enough but not too much.

103 Hansen, R. F. United Cerebral Palsy Associations of San Mateo and Santa Clara Counties Child Advocacy Project: Seven reports on component processes. Palo Alto, California: UCPA of San Mateo/Santa Clara Counties, 1975.

Describes a child advocacy project, the goal of which was to increase participation of parents of developmentally disabled children in policy and planning decisions affecting county-level services. The following seven reports are presented: (1) process of assessing the community environment,

which describes early orientation activities and decisions; (2) process of data collection and use, which discusses tactics and hurdles to be overcome as well as charts, maps, and tables made, publication of a consumer reference pamphlet, available social planning data, and use of information in developing formal and informal proposals; (3) process of expanding the role of case advocates, which illustrates the limitations of case advocacy alone and roles of both internal and external advocates; (4) process of building a network of support, which defines various types of support groups and roles of both consumers and professionals; (5) how the agency changed, which reviews organizational change theory and modifications within the host agency resulting from the advocacy project; (6) how the arenas for advocacy were found or constructed, which overviews the theory of advocacy as functioning within an adversarial setting and activities taking place in various forums; and (7) how specific programs were developed, which points out the difference between consumer advocacy and developing new services as well as some approaches to fulfilling identified needs.

104 Hansen, R. F. Alternatives in lay advocacy. In L. D. Baucom & G. J. Bensberg (Eds.), Advocacy systems for persons with developmental disabilities: Context, components, and resources. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1977, pp. 127-130.

Identifies four types of lay advocacy: (1) citizen advocacy; (2) advocacy by parents of disabled small children; (3) advocacy by disabled adults and adolescents; and (4) advocacy by parents of disabled adults and adolescents. The last three types are considered to be consumer advocacy. Advocates perform a variety of functions including consumer and citizen advocacy. Advocacy takes place within an adversarial system. Ten critical elements of this adversarial system are identified.

105 Harmon, J. C., Jr. Who speaks for the handicapped? American Rehabilitation, 1976, 1(5), 19-23.

Discusses the legislative process relating to rights and services for disabled citizens and the role of citizen advocates in this process. The history of federal involvement in rehabilitation services is traced starting with legislation to provide assistance to handicapped veterans in 1918, continuing through the Federal Rehabilitation Law in 1920, the Barden-LaFollette Act of 1943, the Vocational Rehabilitation Amendments of 1954 and 1965, and culminating in the 1973 Rehabilitation Act. Particularly noted is the part played by professional associations, professional leaders, private individuals and groups, and consumers of services in influencing the enactment of these laws. Of special significance is the necessity for advocates to monitor the appropriations function as well as the authorization one and to speak to legislative priorities to assure that the "moral and pragmatic expectations of society" are met. In addition to impacting upon the legislative process, it is also important that advocates impact upon the administration of laws, congressional oversight hearings, and state and local roles. It is concluded that the quality of legislation depends upon full citizen participation but that the greatest responsibility for speaking on behalf of the handicapped lies with the handicapped themselves and with those who work with them.

106 Heath, D. L. People First develops group identity, independence. D. D. Polestar, 1979, 1(5), 3-4. (Welfare Research, Inc., New York)

Briefly describes the philosophy and goals of the People First organization in the Northwest, i.e., Oregon, Washington, and California. People First strives to help MR/DD persons to develop into role models and leaders

to others who share their handicapping conditions. The major goal of the organization is to help its members learn to speak for themselves and make decisions about their own lives. A focal point of People First is small group meetings where persons with handicaps learn to talk and listen to one another and run meetings. These experiences represent the vehicle through which handicapped people move through "the process" of learning to become their own people--their own group. The role of the "helper" in People First is discussed. Helpers are nonhandicapped people who guide and facilitate but do not lead or direct "the process."

107 Heath, D. L., Schaaf, V., & Talkington, L. W. People First: Evolution toward self-advocacy. Deficience Mentale/Mental Retardation, 1978, 28(2), 1-6.

Traces the origin and development of People First conventions in Oregon. Two staff and three residents of a state facility in Oregon attended a meeting in British Columbia in 1974 billed as the "First Convention for Mentally Handicapped in North America." Oregon participants returned home to plan a similar convention. Within four months, a core planning group was started. In the fifth month, People First was started as a formal organization, and executive officers were elected. The first People First convention was officially called to order in the Fall of 1974 with 560 handicapped people attending. Since that time, conventions have become and annual event. Article briefly describes the role of the "helper" in the conventions. Personal accounts by handicapped participants regarding their experiences and perspectives of the conference are included.

108 Helsel, E. D. Putting it together in Ohio: Parameters, definitions, and alternatives for protective services. In C. K. Sigelman (Ed.), Protective services and citizen advocacy. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1974, pp. 23-32.

Recognizes that many disabled people need help as they attempt community living, and protective services, which include both legal and social assistance, are intended to aid clients in managing themselves and their affairs. Protective service systems, such as the one in Ohio, are internal advocacy programs operating within the framework of state government. Mechanisms developed by various states for protecting the human and civil rights of handicapped persons are briefly described, and the evolution of the Ohio Protective Service System is traced in some detail. This agency was established by law in 1972 and designed so as to keep its monitoring, program auditing, and advocating functions independent of service delivery. The means by which individuals enter this system are discussed, and the responsibilities of protective service workers are outlined. Included in the overall scheme is a role for persons independent of that system. Private citizens function as both monitors of the protective service system and as volunteer personal advocates. As the thrust toward deinstitutionalization gains momentum, means must be provided whereby appropriate entitlements and opportunities are guaranteed to disabled people. The Ohio system is one attempt toward achieving this goal.

109 Hermann, R. O. Consumerism: Its goals, organization and future. Journal of Marketing, 1970, 34, 55-60.

The consumer movement of the 1960's is examined and comparisons are made with the consumer movements of the early 1900's and 1930's. Author notes that a common factor underlying the three eras was that they occurred

in periods in which consumer prices meant declining real incomes for a significant portion of the population. However, he notes that while frustrations affecting many people are a necessary prerequisite for the evolvement of a large movement, the existence of frustations does not automatically result in a movement. He proposes that for a movement to grow, there must be both: (1) a vision of a better state of affairs and a belief that it can be attained; and (2) the emergence of leadership and the development of organizations for attaining the goals of the movement. As for the goals of the consumer movement, the author contends there is a lack of overall philosophy and program of action. Rather, consumerism is "a conglomeration of separate groups, each with its own particular concerns, which sometimes form temporary alliances on particular issues." In predicting the course of consumerism, the author notes that, "The history of the consumer movement suggests that the present era of unrest will continue due to the pressure of further inflationary price increases and rising taxes on consumers' purchasing power. The consumer movement also will be aided by the increasing use of consumer issues by politicians seeking voter support." Finally, the ever increasing number of organizations in the consumer movement will increase the likelihood that consumer unrest will persist. However, he predicts that consumer issues will continue to be selected by historical accident.

110 Herr, S. Advocacy under the Developmental Disabilities Act: Summary of a discussion paper on implications of Section 113, P.L. 94-103. Washington, D.C.: U.S. Department of Health, Education and Welfare, Office of Human Development, Developmental Disabilities Office, 1976.

Raises a number of discussion points related to the establishment of the advocacy systems for the developmentally disabled as mandated by Public Law 94-103, Section 113. Essentially, this legislation requires that states have in operation by October 1977, a system to protect and advocate the rights of this population which has the authority to pursue legal, administrative, and other appropriate remedies and is independent of any agency providing treatment, services, or habilitation to the developmentally disabled. Advocacy programs presently being operated in Minnesota, Ohio, and New Jersey are described, and the following issues are analyzed: (1) requirements of independence; (2) rights to be protected and advocated; (3) designation of implementing agency; (4) class of persons to be benefitted; (5) maximizing resources; (6) availability of legal resources, citizen advocacy resources, and protective services; (7) interrelationship of legal and citizen advocacy; (8) authority to pursue remedies; (9) manner of designation; (10) personnel requirements; and (11) interface with other recent legislation. Criteria for implementation are summarized, and it is concluded that use should be made of existing models and that all available resources should be accessed on behalf of the developmentally disabled.

111 Holder, H. D., Pelosi, J. W., & Dixon, R. T. A matter of service: How to monitor agencies that serve children. Durham, North Carolina: Child Advocacy System Project, Learning Institute of North Carolina, 1974.

The concept of child advocacy embodies the resolve to insure adequate services to every child. Monitoring of the quality and adequacy of services is an essential component of child advocacy and one which should be the

responsibility of concerned citizens. Presented in detail is a sequence of steps by which groups of persons can monitor. In brief, these procedures are: (1) inventorying the current public and private agencies actually serving children; (2) selecting from this inventory those agencies that should be monitored; (3) identifying the basic data or indicators which should be collected, measured, or observed during monitoring; (4) selecting the data collecting technique and collecting data on the selected agencies and/or clients served after step 5 is completed; (5) determining the scope (extensiveness and frequency) of monitoring; and (6) summarizing and analyzing the data collected to determine the need for action and using the data as a basis for advocacy action. Possible ways in which the gathered information can be used are briefly discussed, and a child service agency description form and an account of sampling procedures are appended.

112 Holland, T. P. The politics of community action. In C. Cherington & G. Dybwad (Eds.), New neighbors: The retarded citizen in quest of a home. Washington, D.C.: President's Committee on Mental Retardation, 1974, pp. 173-181.

Asserts that a strong advocacy movement is needed in order to assure to mentally retarded persons supportive community services which will enable them to live a normal life. Advocacy generally involves "planned exercise of social and political influence" so as to enable access to services, and a number of methods must be employed in effective advocacy. These include: (1) documentation of needs and potential services; (2) analyzing means by which the retarded may access services; (3) inventorying resources for influence; and (4) persuasion. In addition, advocates can induce change by offering new advantages to decision makers and by applying undesired influences.

It is also important that they remain realistic about their potential for facilitating change and that they formulate and monitor an appropriate course of action. It is concluded that, used systematically, advocacy can result in needed changes which will support the normalization principle.

113 Hoshino, G. The public welfare worker: Advocate or adversary? Public Welfare, 1971, 29(1), 35-41.

Discusses the welfare worker's advocacy role as it relates to court decisions. In particular, the findings in the Gault v. Arizona and Goldberg v. Kelly cases have the following implications for welfare policy and practice: children have constitutional rights related to all aspects of their care; the captive population of parents and children referred by the court for services may be drastically reduced; and agency proceedings are now admittedly adversarial in nature rather than "casework processes." These cases furthermore suggest that the investigative and service functions cannot be performed by the same person. Advocacy is proposed as a basis for providing welfare services in terms of the assumption that the service must be to the client's advantage as seen by him. Since advocacy implies an adversary, it is frequently limited as it relates to a worker's own agency and the law. In order for a public welfare worker's advocacy role to be effective, the following conditions must be met: (1) a consumer population knowledgeable about its rights; (2) an administration that supports client advocacy even against itself; (3) recognition that public welfare embraces both service and adversary elements; (4) separation of investigation from service; and (5) workers and supervisors who are willing and able to be advocates. It is concluded that the prospects for realizing these conditions are not optimistic but that there is some movement toward their achievement.

114 Howe, S. Review of literature: Consumer involvement in rehabilitation 1968-1978. Unpublished manuscript, Tufts-New England Medical Center, Research and Training Center, January 1978.

Briefly annotates thirteen references on the topic.

115 Howe, S., Minch, J., & Fay, F. Consumer involvement in the delivery of rehabilitation services. Boston, Mass.: Tufts-New England Medical Center, Rehabilitation Research and Training Center, 1979.

First study undertaken that identifies and investigates various methods of consumer involvement used by vocational rehabilitation agencies. Its purpose was to gain an overview of the "state-of-the-art" in consumer involvement by discovering how both disabled consumers and state vocational rehabilitation agency personnel perceive the current practice of consumer involvement. Specifically, this research focused on: (1) methods of communication used between consumers and their state vocational rehabilitation agencies; (2) the extent to which these methods are employed nationwide; (3) specific aspects of state agency's operation consumers actually participate in; and (4) how well both consumers and state vocational rehabilitation agencies are meeting their responsibilities as defined in Chapter 25 of the Rehabilitation Services Manual. The research design for the study consisted of two comparable questionnaires--one for consumer organizations and one for state vocational rehabilitation agencies. These surveys posed questions about consumer involvement activities as outlined in Chapter 25. The study found that the most common model of involving consumers is through the use of advisory boards. The most repetitious finding of the survey was the disparity between agency and consumer respondents on the extent and effectiveness of the consumer involvement process. Consumer and agency respondents differ in their opinion of what and how consumer involvement

activities are taking place. Although 73% of the agencies stated that they used advisory boards as a method of communication with consumer organizations, only 34% of the consumer respondents stated that they knew that this method was being used. The response rate of consumer organizations was low, approximately 12%, while the response rate from state vocational rehabilitation agencies was 95%. The authors speculate that the low response rate from consumers may be due to consumer feelings of alienation from the system to the extent that they did not feel they could participate in the survey. The low response rate may also indicate the lack of organization in consumer groups, lack of staff, or lack of knowledge about consumer involvement programs unsolicited by the survey, but volunteered by many states is summarized following the findings.

116 Huber, J. A consumer's need for technical assistance. Consumer Advocacy, April 1978. (U.S. Department of Health, Education and Welfare, Developmental Disabilities Office, Consumer Advocacy Project, Washington, D.C.)

Member of the Indiana DD Council, chairman of Indiana's Protection and Advocacy Plan Committee, founder of a Parent of the Handicapped Organization, and parent of a DD child, author expresses hopes and doubts for the role of technical asistance. Expresses that DD councils typically lack a cohesive identity and cohesion due to opposing interests and interest groups, e.g., adult vs. child interests, people representing Cerebral Palsy vs. those representing MR. With regard to state budgets, it is consumers and providers fighting administrators. Suggests some areas where Technical Assistance might help, e.g., supervise the development of the state DD Plan for 1979, and technical advice on methodology, computor technology, demographic and epidemiological data, etc.

117 Humberger, E., Bauer, E. W., & Davis, D. W. Regionalism. In J. L. Paul, R. Wiegerink, & G. R. Neufeld (Eds.), Advocacy: A role for DD councils. Chapel Hill, North Carolina: Developmental Disabilities Technical Assistance System, 1975, pp. 67-84.

Within the framework of the developmental disabilities council's advocacy role, the organizational form of regionalism is discussed. Three sections address the following issues: (1) regionalism and advocacy, which traces the development of regionalism, the importance of the consumer perspective to the delivery of services, and the relevance of these to advocacy and the developmental disabilities movement; (2) a parent's view of the advocacy role of developmental disabilities councils, which examines the organization of consumer groups, problems involved in accessing services, and the responsibility of developmental disabilities councils for assuring comprehensive services and for coordinating advocacy endeavors; and (3) organizing communities to serve developmentally disabled citizens, which proposes organizational strategies such as interfacing groups, priority setting, and developing constituencies for implementing programs. Also included is a description of the nominal group procedure, a tool for setting priorities and using them for program development.

118 Ishiyama, T. The mental hospital patient-consumer as a determinant of services. Mental Hygiene, 1970, 54(2), 221-229.

Asserts that little meaningful change has occurred in the mental health system since services and conditions are still contingent upon the paternalistic benevolence of staff. Suggests that quality control and demands for change must come from consumers in a process of bilateral negotiation. Such negotiation does not occur in the mental health system because the field is not competitive and the patient is seen as a product

rather than as a consumer. In reality, the prerogatives of a consumer belong to the public instead of the patient in the sense that the hospital is answerable to the community. In spite of a growing awareness on the part of both staff and the public of the needs and rights of patients, inherent problems limit the effectiveness of initiatives from these sources. Author asserts that in order to change the public mental hospital system, the hospital's power structure must be changed. The patient must be defined as a consumer, thereby affording to him a power base. In such a situation, the consumer could place demands upon service providers and negotiate for services. In addition, the monopoly on service provision must be eliminated and the patient allowed to select his own providers. Many benefits would result from such a system. For example: (1) bureaucracy would be reduced; (2) patients would demand competent staff; (3) staff could receive meaningful rewards from patients; (4) patients would not be so vulnerable to staff; and (5) the negotiation process itself would be therapeutic and growth producing. For patients unable to negotiate on their own, advocates are needed. These advocates must have a source of power, and it must be clear to all that they are representing the patient.

119 Jertson, J. M. Self-help groups. Social Work, 1975, 20(2), 144-145.

Article on the value, role, and function of self-help groups which are defined as small groups of people with common problems who work together to achieve specific behavioral, attitudinal, or cognitive goals. Author addresses two elements of self-help groups which are consistent in the literature and present exciting and problematic implications for professional social work practice. These include the widespread optimism

expressed regarding the effectiveness of self-help groups and the role of professionals in their formation and organization. Author states that self-help groups are successful, and speculates that facilitating self-help groups may offer a constructive and stimulating focus for professionals. He goes on to question the appropriate role of the professional, e.g., How much control should the practitioner take?; Will groups cease to be self-help if a professional organizes and structures them?

120 Joint Commission on Mental Health of Children, Report of. Crises in child mental health: Challenge for the 1970's. New York: Harper and Row, Publishers, 1970.

Offers a detailed analysis of forces operating within contemporary American society which impact upon the growth and development of children and youth. This culminates in the Commission's first recommendation to establish a nationwide system of child advocacy with councils operating at the neighborhood, local, state, and national levels. Other recommendations relate to community programs to offer supportive, preventive, and remedial services; research; and manpower and training. A bulk of information upon which the recommendations are based is included under the following topics: (1) Contemporary American Society: Its Impact on the Mental Health of Children and Youth; (2) Contemporary American Society: Its Impact on Family Life; (3) Poverty and Mental Health; (4) Children of Minority Groups: A Special Mental Health Risk; (5) Emotionally Disturbed and Mentally Ill Children and Youth; (6) Social-Psychological Aspects of Normal Growth and Development: Infants and Children; (7) Social-Psychological Aspects of Normal Growth and Development: Adolescents and Youth; (8) Education and the Mental Health of Children and Youth; (9) Employment: Problems and Issues Related to the Mental Health of Children and Youth; (10) Research; and (11) Human Resources for Human Services.

121 Juarez and Associates, Inc. A proposed prototype system for evaluation of the Client Assistance Projects Program. Washington, D.C.: U.S. Department of Health, Education and Welfare, Rehabilitation Services Administration, April 1978.

Describes the proposed evaluation system designed by Juarez and Associates to evaluate the efficacy and impact of the Client Assistance Projects Programs. The evaluation system facilitates identification of the Program process and outcome via the collection of two types of data: (1) client-level data; and (2) project-level data. Client-level data are recorded on the Client Assistance Form (CAF) which provides spaces for information regarding the nature of the client's problem, the assistance intervention, and basic demographic data. The CAF is intended to enable the uniform, systematic collection of relevant client data thus providing insights into project performance without increasing data collection responsibilities. Two forms, the Project Profile Form (PPF) and the Guided Interview Form (GIF) were developed to measure the overall aspects of project's activity, operation, and effectiveness. Together, these two instruments yield project-level information in the following areas: project objectives; project staffing; outreach and referrals; major areas of client concern; project procedures; the nature of project's relationship with the state VR agency; and notable successes, limitations, and constraints which are associated with the project's operations. Evaluation system was designed for utilization by the Rehabilitation Services Administration (RSA) in monitoring and evaluating the Client Assistance Program. Juarez suggests that both the CAF and PPF forms may be self-administered while the Guided Inteview should be conducted by a member of the RSA program evaluation staff.

122 Juarez and Associates, Inc. A status report on selected Client Assistance Projects. Washington, D.C.: U.S. Department of Health, Education and Welfare, Rehabilitation Services Administration, April 1, 1978.

Investigates the current practices and operations of the Client Assistance Project (CAPs). Juarez and Associates visited five CAPs programs which servd as the orientation phase of the investigation. To ensure that adequate data about the Projects characteristics and activities were examined, a Project Evaluation Profile Form was developed. A Client Assistance Form (CAF) was then designed to aid in the systematic collection of client information. Both forms served as the basis for the prototype evaluation system following a pretest and major revisions. Next, the 18 ongoing CAP programs were stratefied by project age and geographical scope. From these, 11 projects were randomly selected as data collection pilot sites. Two-day visits by two field investigators to the sites consisted of contacting the project director, conducting a guided interview, and determining client data from files. Information contained in the resulting report is descriptive and not evaluative. It identifies the following: sources of referrals; project objectives; staffing; DVR caseload statuses of clients seeking assistance; and project successes, limitations and constraints. Two categories, the types of client problems and methods of CAP intervention, have each been grouped into eight general classifications.

123 Kahn, A. J., Kamerman, S. B., & McGowan, B. G. Child advocacy: Report of a national baseline study. Washington, D.C.: U.S. Department of Health, Education and Welfare, Office of Child Development, Children's Bureau, 1973.

Presents the findings of a study, the purposes of which were to describe ongoing child advocacy activities and to impose some conceptual order upon these depictions. The development of child advocacy is traced, and

the many guises it has taken are overviewed in terms of opinions of advocates, federal programs, and statistical sketches. Based on this examination, it is suggested that child advocacy be conceived as "a core of organized or organizable activity that is unique and continuous with the advocacy identified elsewhere in social welfare," and that it be defined as "intervention on behalf of children in relation to those services and institutions that impinge on their lives." Advocacy is then further discussed in regard to its relationship to child welfare, the sanction to advocate, case vs. class advocacy, its process, use of legal and nonlegal techniques, and targets for intervention. Special consideration is given to the significance of goals, processes, and structures to program operation. Finally, study results are summarized, and a series of both general and specific recommendations is proposed directed toward the federal level, funding agencies, the Office of Child Development, the major human service agencies, and planners of local programs. Appendices include descriptions of 10 projects, a listing of child advocacy programs, and references.

124 Kamerman, S. B., Kahn, A. J., & McGowan, B. G. Research and advocacy. Children Today, 1972, 1(2), 35-36.

Discusses a child advocacy research project, the purpose of which is to gather and clarify information related to advocacy. A review of the background of child advocacy reveals that it is perceived in many different ways and is approached from many different perspectives. However, an advocacy movement has developed which is founded upon endeavors at the national, state, and local levels. The research further involves a survey of programs and activities which are or can be labeled child advocacy and an in-depth study of a sampling of these. A number of issues identified for investigation include the following: (1) the feasibility of combining various types

of advocacy such as case advocacy, monitoring, and class advocacy within a single program; (2) focus upon child services versus family or community needs; (3) the advantages and disadvantages of advocacy within the public and private sectors; (4) the persons best suited to play the advocate role; (5) the role of self-advocacy; (6) the relationship between child advocacy and child protective services; and (7) the potential of advocacy for effecting significant change. Also discussed are the research methodology and research questions.

125 Katz, A. Self-help and rehabilitation: Some theoretical aspects. Rehabilitation Literature, 1967, 28(1), 10-11, 30.

Provides a theoretical discussion on the broader social context of self-help phenomenon, followed by practical suggestions for using self-help groups in rehabilitation programs for the physically handicapped. In this highly technical and individualistic society, deviant groups--including the disabled--tend to become isolated, lacking supportive social groups for their nurture. Self-help groups afford the deviant a sense of identity, a focus for activity, and a social center for communication with one's peers. They also promote group actions which are mutually beneficial for each person, whether activities involve political action for social change or painting group headquarters. Synanon Foundation, a network of rehabilitation centers for narcotics addicts, is cited as a highly successful example self-help program. Author argues that self-help groups more closely approximate the living situation in the community, thereby having a positive effect in preparing individuals for ultimate rehabilitation and return to social responsibilities.

126 Katz, A. Self-help and epilepsy. In Plan for nationwide action on epilepsy (Vol. II, Part 1, Sections VII-XII). Washington, D.C.: U.S. Department of Health, Education and Welfare, Public Health Service, National Institutes of Health, 1978, pp. 997-1014.

Two terms "self-help" and "self-help groups" are conveyed in the following definition:

> Self-help groups are voluntary, small group structures for mutual aid and the accomplishment of a special purpose. They are usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life-disrupting problem, and bringing about desired social and/or personal change. The initiators and members of such groups perceive that their needs are not, or cannot be, met by or through existing social institutions. Self-help groups emphasize face-to-face social interactions and the assumption of personal responsibility by members. They often provide material assistance, as well as emotional support; they are frequently "cause oriented," and promulgate an ideology or values through which members may attain an enhanced sense of personal identity.

Further provided is a discussion of eight essential structural features that characterize the self-help group and distinguish it from other types of social agencies including: (1) self-help organizations share the properties of small groups; (2) self-help groups are problem-centered, organized with reference to a specific problem or problems; (3) members of such groups tend to be peers; (4) self-help groups hold common goals; (5) action is group action; (6) helping others is an expressed norm of the group; (7) the role of "professional" is not clear cut, if it exists at all, in the self-help groups; and (8) power and leadership in self-help groups is on a peer or horizontal basis. In other words, leadership is an accepted rather than an inherited or a status attribute. Author provides a brief overview of self-help groups in the health fields. Addresses the major support systems necessary for optimal functioning for persons with severe physical disabilities which include: (1) peer support; (2) individual's family; (3) physical environment; (4) professional community; and (5) the broader political/social environment.

Stresses that self-help groups are a natural phenomenon; that they are here to stay, as a permanent and probably growing feature of the social landscape and that they can provide for many people who choose to go that way a resource for life support.

127 Katz, A. H. Self-help organizations and volunteer participation in social welfare. Social Work, 1970, 15(1), 51-60.

Theoretical analysis of the nature, structural features, and functional attributes of self-help groups and volunteer participation in social welfare. Presents argument that activities involved in self-help and voluntary participation probably exist to replace mutual aid and support found in extended families which crumbled with the rise of industrialization and urbanization. Structural features that characterize the self-help group include the following: (1) share the properties of small groups; (2) are organized with reference to a specific problem; (3) have a membership comprised of peers; (4) hold common goals; (5) are action oriented; (6) focus on helping one another; (7) are unclear regarding the role of the professional; and (8) place leadership and power on a peer or horizontal basis. Functional attributes of self-help groups which serve to differentiate them from traditional social agencies include: (1) communication is horizontal rather than vertical; (2) personal involvement is a requirement; (3) members are held responsible for their own actions; and (4) experiential fulfillment rather than didactic instruction is emphasized. Author examines dimensions of volunteer activity in self-help groups. Characteristics of volunteers are noted as concluded from research on self-help organizations in health and welfare.

128 Kindred, M. Protecting the civil and human rights of the developmentally disabled. In C. K. Sigelman (Ed.), Protective services and citizen advocacy. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1974, pp. 43-48.

Presents a number of criticisms of protective service systems in general and of the Ohio Protective Service law in particular. It is suggested that, since protective services are derived from the concept of guardianship, a control orientation obtains. In addition, examples are cited which indicate that advocates frequently abuse rights rather than protect them. Regarding the Ohio system, the following points are raised: (1) the program should be evaluated in terms of cost effectiveness; (2) the rationale underlying protective services may be an erroneous overreaction to normal fears; (3) protective services may be used for the purpose of control; (4) their control orientation contradicts the normalization principle; (5) the voluntariness of the system is deceptive; (6) conflict of interest may occur due either to guardians' status as state employees or to their representation of a number of people; and (7) the law is very vague regarding both authorized powers of guardians and criteria determining need for services. Another concern is raised that all rights of disabled people are not accorded equal recognition and that protective services may not be the solution to the problem of guaranteeing rights to handicapped individuals.

129 Kindred, M., Cohen, J., Penrod, D., & Shaffer, T. (Eds.). The mentally retarded citizen and the law. New York: The Free Press, 1976.

Presents a series of in-depth papers and reaction comments relating to the legal rights of the retarded. These emanated from a President's Committee on Mental Retardation conference held in 1976. Contents include: (1) basic personal civil rights; (2) the right not to be mentally retarded; (3) guardianship and limitations upon capacity; (4) nonconsensual medical

procedures and the right to privacy; (5) trusts and estate planning; (6) insurance; (7) the right to community services; (8) labeling and classification; (9) the right to an appropriate free public education; (10) the right to an adequate income and employment; (11) zoning restrictions and the right to live in the community; (12) quality control of community services; (13) the right to habilitation; (14) beyond the right to habilitation; (15) due process in civil commitment and elsewhere; (16) the right to the least restrictive alternative, including constitutional issues, in residential care, in education, in guardianship, and in police investigation; (17) judicial, legislative, and administrative competence in setting institutional standards; (18) peonage and involuntary servitude; (19) advocacy; (20) the criminal reform movement; (21) corrections; and (22) special doctrinal treatment in criminal law.

130 Klebaner, R. P. Disabilities and consumer power. Informer, 1978, 7(4), 10-11. (U.S. Department of Health, Education and Welfare, National Institute of Handicapped Research, Washington, D.C.)

Notes the large proportion of Americans who are disabled, and discusses the current move to educate this population for productive consumerism. Specifically, an American Coalition of Citizens with Disabilities project entitled "Consumer Education For and By Disabled Citizens" is described. The project site was the Department of Consumer Affairs in New York City. Based on input from many physically disabled persons, a course outline and textbook were developed. In addition, resource listings, special course materials, and self-teaching and self-rating devices were prepared. Only disabled persons who represented a group which would in turn learn consumer skills were eligible for the training.

131 Knight, C. Ohio's personal advocacy system. In G. J. Bensberg & C. Rude (Eds.), Advocacy systems for the developmentally disabled. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1976, pp. 159-161.

Overviews the personal advocacy system of Ohio which is administered by Ohio Developmental Disabilities, Inc. and its private nonprofit consortium board. There are 17 local advocacy programs which operate in all service districts of the state. While many of the local projects are under the auspices of Associations for Retarded Citizens, other private voluntary groups, which historically have not been involved with the developmentally disabled, have taken over sponsorship of some of the programs. Special problems arose in serving individuals with epilepsy, and two programs targeting this population were established. Furthermore, a special project was implemented to serve institution residents. Of particular importance to the effectiveness of the advocacy programs is the extensive training provided to local coordinators. It is also stressed that the successful functioning of advocacy requires independence from the service delivery system.

132 Knittle, R. A. (Ed.). Legal rights of developmentally disabled citizens: An advocacy manual for Minnesota. Minneapolis: Minnesota Developmental Disabilities Advocacy Project, Legal Aid Society of Minneapolis, Inc., 1977.

Describes the history and present role of the Minnesota Developmental Disabilities Advocacy Project, and overviews some principles and practices of advocacy. The remainder of the manual is devoted to an examination of substantive and procedural rights of disabled citizens of Minnesota. Specifically, the following areas of law are discussed, both in terms of the legislation's content and means of enforcement: (1) state guardianship and state conservatorship; (2) special education; (3) daytime activity centers; (4)

vocational rehabilitation services; (5) employment, including sheltered workshops, work activity centers, and competitive employment; (6) commitment and hospitalization; (7) financial responsibility for residents of public and private facilities; (8) rights of persons in state institutions; (9) rights of persons in community-based facilities; (10) Social Security Disability Insurance; (11) Supplemental Security Income; (12) medical assistance; (13) the Minnesota supplemental aid plan; and (14) prohibitions on discrimination on the basis of disability.

133 Knitzer, J. Advocacy and the children's crisis. American Journal of Orthopsychiatry, 1971, 41(5), 799-806.

Discusses the recommendation of the Joint Commission on Mental Health of Children for a nationwide child advocacy network. Recognizing strong social resistance to the changes that would be necessary in order to implement a national policy for children, the proposed advocacy model is critically examined. One of its significant weaknesses is that most of the advocates would be drawn from service agencies. The likely result of this situation is that the advocates would become powerful allies of institutions and not of children. Another problem is that little power attends the local component of the network. The proposed advocacy structure lays the crux of the burden on the local units, but these are given little responsibility for policy and program decisions. In addition, it is suggested that problems of bureaucratization may result from the proposed organizational framework and that funding, which is to be a responsibility of the advocates, could be a major obstacle and interfere with change activities. Finally, the Commission recommends that the roles of advocate, monitor, and ombudsman all be subsumed within the network, and the author questions the viability

of these coexisting within a structure that is mandated to be a change agent. In order to remedy these weaknesses in the model, the following revisions are proposed: (1) strengthen the local committees; (2) simplify funding procedures; (3) develop advocates from the ranks of parents and youth; (4) use funding incentives; and (5) build in support for local groups.

134 Korn, M., & Wolfensberger, W. Implementation and operation of citizen advocacy services via committee activism. In W. Wolfensberger & H. Zauha (Eds.), Citizen advocacy and protective services for the impaired and handicapped. Toronto: National Institute on Mental Retardation, 1973, pp. 193-211.

Describes the functions and organization of committees in successfully implementing citizen advocacy programs. At the state or province level, a committee can facilitate the development of local advocacy services, and membership characteristics and activities in which it should engage are outlined. A local committee should accept responsibility for implementing, supporting, and advising at least one local citizen advocacy program, and its composition and functions both before and after the funding of a project are listed. In addition, types and duties of various subcommittees which can be formed are described. Important subcommittees focus on the areas of executive tasks, publicity and promotion, the aged and nursing homes, foster-adoptive homes, legal and welfare concerns, participant selection and screening, and youth advocacy. It is stressed that emphasis should be upon eliciting strong commitment and involving many community members. Appended are examples of forms eliciting speakers' reports on a presentation and audience evaluation of a presentation as well as listings of organizations which may be represented on a local citizen advocacy committee and qualifications for and duties of a program director.

135 Kurtz, R. A. Advocacy for the mentally retarded: The development of a new social role. In M. J. Begab & S. A. Richardson (Eds.), The mentally retarded and society: A social science perspective. Baltimore: University Park Press, 1975, pp. 377-394.

Overviews the evolution of advocacy for mentally retarded people. The establishment of the National Association for Retarded Children in 1950, President Kennedy's interest in the retarded along with the widespread acceptance of the principles of normalization in the 1960s, the revival of a commitment to advocacy by social workers in the 1960s and 1970s, and the delineation of rights by the American Association on Mental Deficiency in 1973 laid the groundwork for the development of this movement. The principal form which advocacy for the mentally retarded has taken is citizen advocacy which focuses upon a one-to-one relationship between a volunteer and a disabled individual. A number of issues regarding the relationships between the advocate, his protege and the social system are discussed as are the functions and characteristics of advocates within this schema. Legal advocacy is an additional pursuit which reinforces citizen advocates' endeavors and which not only can protect and determine rights for all mentally retarded persons but also can influence public policy planning related to them. In closing, some points regarding the advocacy phenomenon are identified for further study.

136 LaPierre, R. A. Consumer involvement in NRA-Editorial. Journal of Rehabilitation, 1972, 38(5), 2.

An editorial that calls for consumer involvement in human service at all levels. Author served as chairperson of a task force on consumer involvement for the NRA Board of Directors. Lists highlights of the task force progress report which includes definitions of consumer roles as well

as objectives for future NRA involvement in the consumer movement. Expects NRA to make a major contribution to consumer involvement in the field of rehabilitation.

137 Laski, F. J. Legal advocacy, positive factor in rights for disabled people. American Rehabilitation, 1976, 1(5), 12-17.

During the past five years, many of the advocacy efforts on behalf of disabled citizens have focused upon securing legal rights. The impetus for this trend was derived from a few major court rulings in favor of handicapped persons. For example, judicial decisions have recognized that in order for the disabled to be integrated into the life of the community, they must have access to public buildings and mass transit. This reasoning is based upon the assumption that full participation of all citizens is in society's best interest. In addition, courts have applied the right to the least restrictive alternative in such a way as to require appropriate treatment and habilitation services from both institutions and community agencies. Other significant decrees have related to education and employment. Thus, the trend toward the use of litigation to procure constitutional and statutory guarantees for handicapped persons is well established and will continue. However, it is noted that judicial intervention often does not lead directly to the required changes. Its value, though, can be assessed in terms of its impact upon legislation, administration, and the capability of the disabled to use advocacy and legal resources effectively.

138 Lauri, O. P. The limits on consumer participation in public social programs. Public Welfare, 1973, 31(3), 16-24.

Historically, consumers have remained outside of provider organizations and have not been involved in structuring them. Since the 1930's, social welfare has been a public concern, and its organizational patterns have been influenced by political factors. Charity has thus been institutionalized, and interactions between providers and consumers are influenced by assumptions about agency organization and employee behavior toward consumers. Values of the past are incorporated into the social welfare program which is controlled by professionals. Given this background, various factors which limit consumer participation in social services are examined. The nature of the bureaucracy itself limits consumer participation. Consumers are in a particularly vulnerable position relative to the bureaucratic hierarchy since their status within such is the lowest one. Possibly the most crucial factor limiting consumer participation is the demand for economy and efficiency. That is, middle-class taxpayers advocate the most efficient use of their tax dollars and are also unwilling to see this money expended on what they see as corrupt life-styles as represented by the stereotype welfare recipient. Another limitation on consumer participation relates to the trend toward professionalism. Traitionally, professionalism is defined in terms of authority of knowledge, person-to-person provision of expertise, and interpersonal interaction involving trust and confidence. However, most professionals are currently organization based and as such are prone to become task-oriented rather than person-oriented. In such a setting, the consumer is likely to be patronized and be put into a position of dependency and inequality. Alternatives to these limiting factors are

mentioned, and it is pointed out that the position of professionals is increasingly being examined. Professionals are now being asked to share decision making with consumers. Author concludes that the authoritative expertise of professionals can not longer be assumed in social service matters and that changing professionalism may provide the best inroad to the development of consumer participation.

139 LaVor, M. L., & Duncan, J. G. Vocational rehabilitation: The new law and its implications for the future. Journal of Rehabilitation, 1976, 42(4), 20-28, 39.

Explains the significance of the 1976 bill extending the Rehabilitation Act of 1973 for two years. The authorizations for Fiscal Years 1977 and 1978 are presented, and issues facing the program are discussed. These include: (1) what does the term "severely handicapped" mean, and how should states fulfill their responsibilities to serve them?; (2) the formula through which funds are allocated to the states; (3) the inconsistency between the Act's requirements for state agency responsibility for the program and the trend in states to reorganize human service departments under an umbrella agency; (4) the extent, purpose, administration, and utilization of the research and training program, especially as it relates to serving the severely handicapped; and (5) the capacity of the federal government to enforce its own laws, especially civil rights laws.

140 Ledbetter, J. E., Jr., Parmley, R. J., & Chastain, R. M. Rehabilitation services through contractual agreement: Legal and psychological considerations. Journal of Applied Rehabilitation Counseling, 1975, 6(3), 144-153.

Overviews the legislative requirements for Individualized Written Rehabilitation Plans and their implications for client participation. An analysis is presented of IWRPs in terms of their correlation with legal

contracts. One element of a legally binding contract is that there be mutual assent, i.e., there must be an offer and an acceptance of that offer. Furthermore, there is a requirement that the contract be definite and specific as to its terms, and both parties, at the time of agreement, must view it as binding. The second element of a legal contract is contractual capacity, i.e., both parties must be legally competent to contract. The final element of a legal contract discussed is consideration, i.e., something must be bargained for and have legal value. In regard to the something being bargained for, each party must intend to secure from the other an act, a promise to act, or a forebearance to act to which he is not otherwise legally entitled. IWRPs probably meet this requirement. A legally sufficient consideration must also impose a legal detriment. An IWRP probably does not meet this requirement since rehabilitation personnel are already legally obligated to provide rehabilitation services. Exceptions to this may be cases in which a client is detrimentally reliant on the promise and in cases in which the counselor is acting outside of the scope of his employment. It is suggested, however, that even though a counselor may not be contractually liable for an IWRP, he may be subject to tort liability in a malpractice suit.

141 Leone, R. C. Public interest advocacy and the regulatory process. The Annals of the American Academy of Political and Social Science, 1972, 400, 46-58.

Overviews the operation and impact of public interest advocacy upon regulatory agencies. It is pointed out that, in theory, regulatory bodies should be the foremost institutionalized advocates of the public interest. However, because of their isolation from politics in general, the influence

of regulated industries upon them, and bureaucratic inertia, their effectiveness in representing the interests of private citizens has been very limited. Thus, public interest advocacy, as exemplified by Ralph Nader's organizations, has emerged as a means of facilitating citizen impact upon the regulatory agencies. Nader has had impressive success in getting legislation and administrative rules passed due to excellent press coverage, public credibility, and freedom from tax-exempt status. In general, public interest advocates must be responsible for educating the public, analyzing policies, and determining patterns of action. Litigation is one productive approach to effecting change, but non-litigating groups, although they must rely heavily upon the press for their impact, can effectively enforce accountability by monitoring and creating publicity. The future of public interest advocacy is somewhat in doubt due to its precarious funding sources, and its long-term influence has yet to be determined.

142 Levine, R. A. Consumer participation in planning and evaluation of mental health services. Social Work, 1970, 15(2), 41-46.

The hostile, hard-to-reach poor frequently reject services as they are currently structured, but it is suggested that such persons have never had options from which to choose. Now the poor are demanding participation and choice. Given this movement, social workers must readjust their roles to a new pattern of service delivery. The efforts of the Community Consultation Center are described, documenting such a readjustment. Staff tried to provide what clients said they wanted based upon communication between clients and social workers. Both staff and client resistance were obstacles to be dealt with. Three case examples are presented

which illustrate these experiences. They indicate the importance of consulting with the client, giving him a chance to express his views, and providing what he wants. Author concludes that consumer participation in planning and evaluating services is essential for effective service delivery.

143 Lewis, J. S. The handicapped consumer: Professional speaks. Journal of Rehabilitation, 1974, 40(2), 24-25.

Reports the views of a physically disabled rehabilitation counselor regarding the adjustment to disability and achieving self-actualization. The point is made that "Consumerism is geared for the body beautiful"; that is, consumable goods are centered around a beautiful body, and when something happens to one's body, it is very traumatic. Author suggests that disabled people must balance three factors in order to cope: (1) self-image; (2) society's image of them; and (3) realistic physical problems. In regard to public attitudes, it is felt that most able-bodied persons--including health professionals--do not treat those with disabilities normally. Establishing a sense of self-worth is perhaps the most difficult task for a disabled individual to achieve. This process can be greatly aided by reinforcement from the able-bodied. It is concluded that the disabled must accept themselves before there can be any mutual understanding between them and the able-bodied.

144 Lewis, W. W. Child advocacy and ecological planning. Mental Hygiene, 1970, 54(4), 475-483.

Points out a number of reasons for which the Joint Commission on Mental Health of Children's recommendation for a nationwide child advocacy network will not be implemented in the near future. Since the need for this type of endeavor is recognized, however, it is proposed that small demonstration

programs be established which can provide a framework within which to develop and test the needed "conceptual framework, the role models and administrative structures" for a broad-based system. A model child advocacy program is proposed which is based in the public elementary school. Its development is prescribed in three stages: (1) crisis intervention, during which phase existing community resources primarily are utilized on behalf of deviant children; (2) outreach, during which time emphasis is upon early identification, prevention, and establishing new resources; and (3) child advocacy programs, the stage in which the focus is upon modification of existing social systems serving children and the addition of new ones. This plan is conceived within the context of an ecological planning approach which takes into account all of a child's behavior settings and significant persons as well as the perspectives of a variety of professional disciplines.

145 Lieb, I. C. The role of the agency board as advocate for children. In E. Manser (Ed.), Family advocacy: A manual for action. New York: Family Service Association of America, 1973, pp. 98-105.

Suggests that advocacy for children requires a concern for family, community, and national well-being and that nonprofessional family service agency board members can make valuable contributions to the improvement of the human condition. Board members as advocates have a responsibility to carefully consider the board's composition in terms of the agency's needs and priorities and to incorporate into its activities meaningful participation by target area residents. An Austin, Texas, program, the Becker Neighborhood Project, is described to illustrate citizen involvement in efforts to improve their own living conditions. This program also demonstrates the ways in which board members, professionals, and clients all had significant roles to play which contributed to successful outcomes. Finally,

some of the issues faced by the Austin board are delineated as are its attempts to cope with them. It is concluded that advocacy requires its practitioners to go where the problems are and to involve themselves at that level. Board members must realize this, support their agency staff in so doing, and work with them in the field.

146 Lorber, M. S. Consulting the mentally retarded: An approach to the definition of mental retardation by experts. Unpublished doctoral dissertation, University of California, Los Angeles, 1974.

A dissertation which represents the first research attempt to treat the mentally retarded as expert consultants on what mental retardation is. Using inductive, observational-descriptive methodology, 20 (13 men and 7 women) retarded adults are interviewed to discern their definition of mental retardation. Two procedures were used in collecting the data: (1) an objective phase which achieved a consensual interpretation of the data by using several independent observers to review taped interviews for leading questions; and (2) a subjective phase which relied on the individual interpretation of the data by the investigator whereby he conveyed in the interviews. The objective phase was concerned with answering the following question: "In your opinion, what is mental retardation?" The subjective phase addressed the question: "What is it like to be mentally retarded?", although it was often not feasible for the investigator to ask that question directly. Results of the objective phase revealed 18 categories which emerged from the data and summarize the consensous definition of mental retardation produced by the study.

Categories include "intellectual disability," "school disability," "sad condition to have," "different from normal," "talking disability," and others. Results of the subjective phase report seven main themes which emerged from the data including: "being seen as inferior by others," "seeing oneself as inferior," and therefore "trying to deny being mentally retarded," and "being largely unable to maintain denial."

147 Lourie, N. V. The question of advocacy: The many faces of advocacy. Public Welfare, 1972, 30(2), 12-15.

Discusses the evolution of advocacy in the representation of poor people. Advocacy is conceived as a means of achieving social equity and justice which are matters of rights. In addressing the question, "is public assistance a legal right or is it still a form of public largesse, given conditionally and dependent on the behavior of the recipient?", it is noted that the legal system is increasingly intervening and working to assure due process and access of the law for the poor and disabled. The courts have dealt with a number of specific issues emanating from fiscal inequities, dehumanizing procedures, and administrative inconsistencies of the state-local system of public assistance. In addition to such forms of legal advocacy, the author argues for a broader conception of advocacy, one which "requires that the delivery system knows all who are vulnerable, knows what they need and ensures that the needs are met." Such an approach aims at developing a comprehensive, credible social services system which is held responsible and accountable. The legal system is one tool by means of which this can be brought about and people can be protected against society's injustices.

148 Lourie, N. V. The many faces of advocacy. In I. N. Berlin (Ed.), Advocacy for child mental health. New York: Brunner/Mazel, Publishers, 1975, pp. 68-80.

There has been a flury of federal activity on behalf of children following the Joint Commission on Mental Health of Children's recommendation to establish a nationwide system of child advocacy. Since advocacy is generally defined as "action in support of one's beliefs in a cause, engaging in social action," the term can be applied to a host of endeavors. In practice, it can mean many different kinds of actions, occur at many different levels, and be motivated by many different concerns. Consequently, many different advocacy orientations have emerged. In terms of traditional social welfare values, advocacy stresses attention to the rights, dignity, self-determination, and alleviation of suffering of all individuals. The case management model primarily implies advocacy action by way of intervening with other agencies on behalf of a client. Presently, there is a trend among human service agencies to advocate for both general causes and individuals. Another significant form of advocacy which is being widely used is legal advocacy. It attempts to use the law to achieve social purposes and has had many striking successes. However, it is noted that advocacy is also needed to assure implementation of court decisions. Finally, a strong thrust toward consumer involvement and self-advocacy among persons who have traditionally been disenfranchised has been manifest.

149 Lourie, N. V. Operational advocacy: Objectives and obstacles. In I. N. Berlin (Ed.), Advocacy for child mental health. New York: Brunner/ Mazel, Publishers, 1975, pp. 81-91.

Proposes the establishment of an operational advocacy schema which is defined as "presence of a system or systems of delivering human services focusing on ease of access at local, neighborhood levels." It is suggested that even a strong commitment to child advocacy and a plethora of laws and services would not guarantee that needs are met without their implementation by effective delivery arrangements. The need for operational advocacy is emphasized by a delineation of problems existing in today's human service programs. These include a focus on individuals rather than families, overlapping of services, fragmentation of services, lack of coordination, and absence of an interdisciplinary approach to developing long-range policy. In order to remedy these deficiencies, operational advocacy's purpose is to assure a rational flow of services to the consumer by means of integrating and coordinating planning of objectives and coalescing resources and systems. The following steps should be taken toward achieving this goal: (1) federal and state governments should establish legal policy and organizational frameworks with executive authority to coordinate services; (2) constituencies should support such efforts and add their input to them; and (3) collaboration should be developed between the public and private sectors which would result in appropriate social policy and planning. It is finally noted that the thrust toward decentralization of federal powers cannot bring about improvement of human services unless a strong federal policy exists which demands that needs be met and delivery be improved.

150 Lourie, N. V., & Berlin, I. N. Child advocacy: Political and legislative implications. In I. N. Berlin (Ed.), Advocacy for child mental health. New York: Brunner/Mazel, Publishers, 1975, pp. 311-333.

Technical capability exists to alleviate many of the problems of children, but neither the resources nor the structure are presently available for the purpose of effecting these solutions. Human rights in relation to social services, as well as adequate child development and child advocacy programs, can only be assured by means of supporting legislation and funding. Thus, it is imperative that professionals involved in delivering human services be politically active. This responsibility to participate in the political process includes many types of activities for which the professional is uniquely suited. Professionals can mobilize political support by means of public education and social action. They can take stands on the issues, adapt their own procedures so as to improve the service delivery system, work with legislators in operationalizing good programs, and cooperate and coordinate efforts among themselves along problem-solving rather than categorical lines. In addition, they can involve themselves in partisan politics, help formulate public policy, and educate politicians at all levels. Finally, they can train and/or work with consumers, thereby tapping this potentially potent political force.

151 Lourie, R., & Lourie, N. V. The new faces of advocacy. Journal of the American Academy of Child Psychiatry, 1972, 11(3), 401-414.

Quotes the Joint Commission on Mental Health of Children's recommendation for a nationwide child advocacy network, and discusses the concept of advocacy within this context. It is pointed out that the term "child advocacy" embraces many different orientations including social action and

political advocacy which seek to defend the powerless and to promote equal opportunity for all; individual or clinical advocacy which operates on behalf of a single person or group; and legal advocacy which involves the use of law to achieve social purposes and remediate social wrongs. Issues pertaining to these types of advocacy are explored as are their relevance to the Commission recommendation. It is asserted that all possible tools, such as humanistic, scientific, and political forces, must be used by advocates to achieve their goals. Given this, it is concluded that compliance with the Commission recommendation requires operational advocacy, the purpose of which is to make viable the service delivery system. More specifically, operational advocacy is defined as the "presence of systems of service delivery in which the operators would know the population to be served, know their needs, and ensure that needs are met." The helping professions are challenged to work cooperatively to meet this goal.

152 Lukhard, W. L. Involving the client. Social and Rehabilitation Record, 1976, 3(2), 2-4.

Presented in and interview format is a discussion of client participation in the welfare system. The interviewee is commissioner of the Virginia Department of Welfare. Client involvement is defined as an attempt to integrate recipient representation in the decision-making process. Emphasis is upon two-way communication which may benefit both clients and workers. The Virginia Client Involvement program is perceived to be a success in achieving its goal of allowing affected individuals to evaluate

Department policies and programs both before and after they are implemented. The history of the client involvement concept is traced back to 1967, and its implementation in Virginia is discussed. The organization of the program is described as is the impact it has had on the welfare system.

153 Malavenda, R. Human rights advocacy committees and citizen advocacy in Florida. In G. J. Bensberg & C. Rude (Eds.), Advocacy systems for the developmentally disabled. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1976, pp. 147-158.

Overviews two advocacy mechanisms which were initiated by the Florida Association for Retarded Citizens. First, Human Rights Advocacy Committees were formed for the purpose of providing citizen input and monitoring to assure the rights of institutionalized retarded persons. The successes and problems of these groups are discussed, and it is pointed out that independent advocates received considerable support from state government personnel. Second, a statewide citizen advocacy program was established which was based upon Wolfensberger's model. At both the state and local levels, strong backup support was given to advocates, and instrumental advocacy was stressed. It is suggested that three additional types of advocacy are needed for a complete advocacy system: legal advocacy, guardianship advocacy, and self-advocacy. Furthermore, it is pointed out that Florida's landmark Bill of Rights for Mentally Retarded Persons' legislation offers significant advantages to the retarded and their advocates but that extensive citizen involvement is needed in order to assure its full implementation.

154 Mann, P. H. (Ed.). Shared responsibility for handicapped students: Advocacy and programming. Coral Gables, Florida: University of Miami Training and Technical Assistance Center, 1976.

Suggests that professionalism as educators requires an advocacy focus upon the client and his rights and dignity. Given this framework, a variety of professional viewpoints are presented relating to shared responsibility roles in the mainstreaming of handicapped children. Specifically, major sections are devoted to the following topics: (1) current issues; (2) higher education perspectives; (3) technical assistance perspectives; (4) regional, state, and local programs; (5) research and evaluation considerations; and (6) legal implications. Within these areas, critiques of the mainstreaming model, analyses of barriers to program implementation, and considerations of other issues are included. In general, support for shared responsibility approaches is demonstrated as is a commitment to advocacy and intervention in terms of protecting consumer interests, providing needed services and knowledge, and responding to social imperatives.

155 Manser, E. (Ed.). Family advocacy: A manual for action. New York: Family Service Association of America, 1973.

Family advocacy, as a function of the family service agency, is analyzed, and guidelines for its implementation are presented. The purpose of family advocacy is defined as insuring that "the systems and institutions with direct bearing on families work for those families, rather than against them." This activity is conceived as an integral part of family service, and its relationship to casework, family life education, and public issues activity is described. In regard to developing a family advocacy program, the following suggestions are made: the agency must make a durable commitment to advocacy; a study committee should consider the implications of advocacy for the agency, community, and clients; a permanent family advocacy committee

should be responsible for establishing and maintaining agency commitment; the agency's own operations should be made consistent with advocacy objectives; focus must be upon client needs; priorities should be designated; expertise must be developed to enable the agency to deal with social problems; advocacy teams, comprised of board members, executives, professional staff, paraprofessionals and community residents, should be formed; the risks should be carefully examined; and methods of reporting and evaluating activities should be devised. The final two sections of the book present reports on advocacy activities and job descriptions of advocacy personnel and a number of readings related to the topic.

156 Marcellino, B. Fending for themselves: Self-advocates in Massachusetts stand up for their own rights. Arise, 1979, 2(4), 5-6.

Report on a citizen advocacy conference sponsored by the Massachusetts Association for Retarded Citizens. Retarded persons have been directly involved in efforts to petition in court and lobby for their constitutional rights. A group of two dozen retarded people from Boston, Brookline, and Newton provide consultations with students and parents regarding topics such as rights, sexuality, living arrangements, and working as well as participating in the self-advocacy conference. One retarded lobbyist received credit for passing a Connecticut Bill in 1978 prohibiting discrimination against the retarded. "They can put an amendment on it and kill it," he said. "You got to be real nice about it. You can't demonstrate. You have to keep going up there and let them know who you are and why you're there. . . ." With time, the self-advocacy movement will hold us accountable for what we have or have not done for mentally retarded citizens.

157 Mason, W. O. The new consumer of services. Public Welfare, 1970, 28(1), 33-40.

Relates the rise of the "new consumer" to changed perspectives and awareness that occurred after World War II. The consumer did not have enough knowledge to understand and run the social service bureaucracies, but he or she was able to confront and disrupt it. The new consumer thus embodied a new power which today confronts the power of a social and political backlash. This confrontation has the potential to create havoc in the nation. Author proposes the creation of a coalition including three populations involved in the service system--providers, deliverers, and consumers--where each group would have equal status. Within such a coalition, the worth of each element would be recognized, and participants would negotiate for the available benefits. The kind, volume, and scope of services would be determined on the basis of need which would be objectively indicated. The principle of maximum feasible participation, within such a system, could become a reality.

158 Mayer, D. O. Legal advocacy for developmentally disabled people (DD Themes and Issues, Number 4). Chapel Hill, North Carolina: University of North Carolina, Developmental Disabilities Technical Assistance System, December 1975.

Reflects upon the constitutional rights guaranteed to all citizens, and suggests some reasons for their denial, until recently, to the developmentally disabled. These include a "survival of the fittest" ethic and belief that institutions are providing good care. It is noted that legal advocacy for the developmentally disabled is presently being used effectively, and the establishment of legal rights is seen as part of a broad movement to achieve the principles of normalization and assure human dignity. Without active legal intervention, though, it is unlikely that legal

rights will be recognized. Legal advocacy is discussed within the context of three settings. First, advocacy in the institution operates to hold the facility accountable for adhering to national standards and for according human and legal rights to its clients. Second, advocacy in the community is used to assure needed services and support and to provide information and referral programs. Third, legal advocacy at the state level is useful in interpreting legislation, assisting local advocates, bringing lawsuits and administrative appeals, and generally in understanding the system as a whole. In all of these areas, the roles of both lawyers and developmental disabilities councils are explored.

159 McCormick, M. J. Social advocacy: A new dimension in social work. Social Casework, 1970, 51(1), 3-11.

Explores the concept of advocacy as a part of the helping process, and asserts that advocacy, with its "unreserved commitment to the 'plight of the disadvantaged'," adds the new dimension of breadth to the objectives of social work. The advocacy role requires wholehearted representation of client interests and is rooted in the founding of social work at the turn of the century. Within the context of a democratic social order, it is suggested that social action is a responsibility of social work and that advocacy is a tool of social action. In order for social action to be successful, its practitioner must understand the methods by which change is accomplished and the relevant political processes. Political behavior, which includes partisanship and manipulation, may present situations of conflict for the worker, and the absence of specific guidelines for conduct in them makes personal responsibility a necessity. Within the helping process, advocacy requires active involvement with the client--with the whole person within the whole situation. This may take the form of casework, group

work, or community organization. As professional relationships are formed, the social worker must decide for himself about the role of advocacy and the validity of its use. The advocacy orientation requires both commitment by individual practitioners and responsiveness of the profession as a whole to change and the need to be relevant.

160 McDermott, J. F., Jr., Bolman, W. M., Arensdorf, A. M., & Markoff, R. A. The concept of child advocacy. American Journal of Psychiatry, 1973, 130(11), 1203-1206.

Declares that the concept of child advocacy is based upon the assumption that children have a right to the care and assistance needed for optimal growth, and this movement is examined within an historical perspective. In this regard, it is significant to note that recognition of childhood as a special developmental period has been prevalent only since the 16th century, and it resulted from religious and moral concerns. Also, until the 19th and 20th centuries, children had no rights. Social concern for children began to be demonstrated during modern times due to decreased infant mortality and increased labor productivity and general wealth. The United States federal government, furthermore, took an active role as child advocate starting in the early 1900s. Since then, legislation has been passed both to protect children from exploitation and to promote their development. It is pointed out, in general, that economic and social factors substantially determine attitudes toward the young. Given this historical overview, it is concluded that current child-centered advocacy activity is a logical culmination of social evolution and will thus make a lasting contribution.

161 McEwen, J. Center for Independent Living: An overview. Rehabilitation Counseling Bulletin, 1976, 19(4), 616-619.

Describes the Center for Independent Living (CIL) program in Berkeley which is seen as a "service, training, and educational agency for the disabled and blind." Its services are geared to reduce dependency and facilitate community participation. Fifteen services being provided are listed and described. In addition, the Center's four major training activities are presented, and its business enterprise program which was designed to start the program on its way to financial self-sufficiency, is discussed. It is concluded that many disabled persons have moved to the Berkeley area to take advantage of this CIL program. Author suggests that there is a need for similar programs in other parts of the country.

162 McGowan, B. G. Case advocacy: A study of the interventive process in child advocacy. Unpublished doctoral dissertation, Columbia University, 1974.

Presents the findings of an exploratory study of child advocacy practices. Background factors related to advocacy are overviewed as are descriptions of the research methodology and sample. A number of major variables in advocacy are identified based upon analysis of a compilation of reported critical incidents. These are the: (1) change agent; (2) client; (3) problem; (4) target system; (5) objective; (6) sanction; (7) resources of change agent; (8) receptivity of target system; (9) object of intervention; (10) level of intervention; (11) method of intervention; and (12) outcome. The various components of each of these variables are furthermore delineated and illustrated, and relationships among them are hypothesized. Significant findings of the study include the following: collaborative and mediatory

approaches are used much more frequently than are adversarial ones; the advocates tend to use a limited repertoire of activities and engage in low-keyed endeavors; the variables most strongly related to success are the change agent and target system; and the advocate's resources and target system's receptivity are important in determining outcomes. Finally, theoretical and practical implications of the research are suggested.

163 McNeal, J. U. Children as consumers. Austin: University of Texas, Bureau of Business Research, 1964.

Exploratory study examining the knowledge, attitudes, and invlovement of children as consumers. "Consumer" is defined as a socially learned role which arises through social interaction and is substantially effected by physical conditions and social forces. All activities associated with the acquisition of goods and services are part of the consumer role. With a sample of 60 children with 20 each from the age groups of 5, 7, and 9 years, the study set out to produce some testable hypotheses on child behavior in relation to the consumer role. Guided interviews consisting of 20 items were conducted to reveal basic but insightful findings about child consumers of the lower-middle and middle-class. Findings are presented through comparative discussions based on age and sex differences of the subjects. Issues such as "independence in purchasing," "consumer training," "knowledge of marketing and retail functions," "peer influence on consumption," "attitude toward advertising," and others are discussed with reference to the data. Author provides a brief historical overview of the rise of consumerism among children. Finally, speculations on the future role of child consumers is given, based on recent birth, income, and leisure trends.

164 Mearig, J. S. On becoming a child advocate in school psychology. Journal of School Psychology, 1974, 12(2), 121-129.

Suggests that school psychologists have a responsibility to advocate for children in terms of insuring that their needs are met. A number of factors have given rise to a widespread commitment to child advocacy including the low priority society places on children, a hesitation to commit resources to prevention, bureaucratic unresponsiveness, and professional restraint. It is stressed that preparation for advocacy must be an integral part of school psychology training programs, both in terms of philosophy and practice. A school psychologist acting as an advocate is in a position to accomplish much. By helping an individual child, he can lay the groundwork for helping others in the future, even though no concrete changes may be immediately visible. He can work toward preventing problems by means of proper use of assessment procedures, cooperation with school administration and other relevant persons, and training parents to be the primary advocates for their children. The focus must always be upon what the child needs, and it is of crucial importance that the advocate follow through to assure that determined needs are actually satisfied.

165 Medical Rehabilitation Research and Training Center. Consumer involvement. In Report of progress, July 1, 1978 to June 30, 1979 (reporting period). Boston, Mass.: Tufts-New England Medical Center, pp. 260-330.

The consumer involvement core area at Tufts has been in operation for three years. It was created in response to the new concept of consumer involvement in vocational rehabilitation, for the purpose of generating information and technical assistance on "how to" develop consumer involvement methods. General objectives of the core area, which were generated in its inception are to: (1) ". . . explore the role of consumers themselves

as a force in advancing the effectiveness of the rehabilitation system, and (2) explore the methods by which consumer organizations can be meaningfully involved in the planning, delivery and evaluation of medical, vocational, environmental, and independent living rehabilitation services" (p. 298). Several disabled people are employed within this core area which brings it a unique and insightful perspective. The core area is also involved in training activities which are varied in format including seminars and workshops, on-the-job training, supervision of students. Several projects are underway to understand the "state-of-the-art" of consumer involvement activity including the testing of model projects of consumer involvement and a nationwide assessment which looks at how rehabilitation agencies and representatives of the disabled community interact. Several "how to" booklets, technical assistant guides, and information booklets are reported to be in preparation for distribution through a developing Consumer Involvement Center. Relationships with key groups in the disabled community, e.g., American Coalition of Citizens with Disabilities (ACCD), the New England Special Cord Injury Foundation, are being cultivated to enhance growth and progress in the core area.

166 Meenaghan, T. M., & Mascari, M. Consumer choice, consumer control in service delivery. Social Work, 1971, 16(4), 50-57.

Discusses the social welfare system as it relates to the mentally retarded population. A number of existing problems are cited. For example, mental retardation agencies are not responding adequately to the needs, both in regard to parents and also to a vast number of unidentified and unserved retarded persons. Therefore, the volume of needs is greatly underestimated. Author suggests that problems in service delivery are related to class. Lower class individuals do not have a good chance of

being appropriately referred to a welfare agency, and this applies particularly to lower class retarded persons. Another problem mentioned is the failure of mental retardation agencies to convince other agencies to do more for this group. Certain characteristics of the social welfare system which differ from business are pointed out. One important feature is that it is calculated to avoid competition. Thus, it is the providers rather than the consumers who decide how resources should be allocated, and they are not accountable to consumers. Providers, rather than consumers, have the power in programming and service matters. However, many mental retardation agencies encourage parent/consumer involvement in philosophy and structure. A new model of service delivery is proposed in which consumers would have a collective impact upon delivery patterns, which would aim to reach the unserved and unknown, and which would organize parents. The objectives of such a system would include freedom of choice, opportunity for expression of self-interest by both consumers and providers, and a state of competition.

167 Melia, R. P., Wagner, S. B., & Mahar, J. Individualized written rehabilitation program: Three years later. American Rehabilitation, 1977, 2(6), 19-22.

A report on first national study of the IWRP using the 1976 Program Administration Review (PAR). Developed by RSA central office through the assistance of JWK International Corporation, a private consulting firm. The objectives of the PAR were to: (1) ". . . identity areas of strength and weaknesses in administration of the IWRP; (2) assure that state agencies

are preparing and maintaining IWRPs in accordance with the Rehabilitation Act, P.L. 93-112 . . .; (3) provide state agencies technical assistance to improve practice and maintenance and maintenance of IWRPs based on findings of the study; and (4) provide future direction for state and national activities regarding IWRPs based on information gained through the study. The overall critical question was to determine if the IWRP was being used as intended by Congress. Description of the results are scanty in this report, and it makes the qualification that they cannot, by design, explain "the adequacy or implications of professional tasks associated with the IWRP and steps which must be taken to improve the IWRP." Findings given include six issues: (1) need for closer attention by the state-federal vocational rehabilitation system to planning and delivery of individual services, and more explicit federal guidelines regarding interpretation and implementation of the IWRP; (2) discovery of innovative procedures used by individual states in implementing the IWRP; (3) time in preparing, implementing, and maintaining the purpose of the IWRP; (4) found management problems, such as monitoring IWRPs and personnel needs related to the IWRP; (5) report on in-house training in most agencies for staff in the implementation of the IWRP; and (6) identified a number of methods, as reported by counselors, to involve client in developing the IWRP. Report states that it is the responsibility of the RSA to explain adequacy (inadequacy) of professional role in accomplishing tasks associated with the IWRP to improve its quality.

168 Meyer, D. A. A community assesses its needs. Children Today, 1972, 1(2), 37.

Describes the activities of child advocates in a small Oklahoma community in "promoting a comprehensive and flexible approach, increasing alternatives and options so that families can better meet their child care needs." In response to new developments, the League of Women Voters monitored the town's capacity to provide child support services and then mobilized local citizens, officials, service providers, and organizations to work for the provision of needed services. As a result of these efforts, several facilities were established and funded. In addition, means were found of training in child care and development personnel needed to serve in the new programs. The success of these advocacy activities laid the groundwork for continued community endeavors to meet the needs of its citizens.

169 Meyerson, J. The initiation of Nebraska's Youth Advocacy Program. In W. Wolfensberger & H. Zauha (Eds.), Citizen advocacy and protective services for the impaired and handicapped. Toronto: National Institute on Mental Retardation, 1973, pp. 103-111.

Traces the development of a youth advocacy program in Nebraska which was initiated by the State Office of Mental Retardation. The project focused upon establishing relationships between young people and institutionalized retarded persons for the purpose of fulfilling the latter's affective needs and easing the process of deinstitutionalization. Initially, Youth Association for Retarded Children members were invited to spend a weekend at the institution, and then they were assigned to individual residents. Concurrently, training in the advocacy concept and in developing a relationship was offered. The areas stressed were grooming, communications, self-reliance, physical dexterity, and adaptability. Many benefits accrued from the program such as provision of peer role models and representation

in solving problems. It is also pointed out that some problems occurred because of the advocates' lack of tact. The paper is concluded with a copy of a letter from a youth advocate describing her experiences and plans.

170 Michael, M. E. (Ed.). Citizen advocacy resources. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1979.

Annotated bibliography which includes literature, films, training materials, and other resources relevant to citizen advocacy for developmentally disabled persons. Designed as a reference tool for several audiences including protection and advocacy agencies, citizen advocacy coordinators, and citizen advocates. Technical publications and materials prepared for professional audiences are generally excluded. The area of legal advocacy has been omitted as the focus of this resource is primarily on consumer advocacy, citizen advocacy, and lay advocacy.

171 Miller, S. Consumer participation. Journal of Rehabilitation, 1971, 37(6), 18-21.

Differentiates between the concepts of "consumer participation" and "citizen participation" and places their development within historical perspective. Conceptualizes rehabilitation agencies in market terms to demonstrate the limitation of restricting the definition of consumer participation to client involvement in agency planning and decision making. Introduces the notion that society is also a consumer in that rehabilitation agencies supply it with the product of realized potential, i.e., social people who can function in society. In turn, society supplies social service agencies with more socially handicapped people for "fixing-up." The fundamental problem is the lack of societal demand for the product of realized potential, and the failure of service agencies to be

concerned with distribution for their "product." In other words, agencies do not act as if they have something of value to contribute to the market place. Calls for the use of community organizers to develop communication between clients, service agencies, and the community. Such interaction will begin to break down stereotypical notions of the handicapped and help balance their dependency on agencies as the two groups work together on consumer problems. It will also facilitate to uncover existing and develop needed community resources. Consumer participation is not seen as as tool to bring about major social change, but one strategy for forming a partnership between the rehabilitation agencies and the communities in which they function.

172 Minch, J. A. (Principle Investigator). Consumer involvement in rehabilitation. In J. Fenton (Ed.), Research directory of the Rehabilitation Research and Training Centers. Washington, D.C.: U.S. Department of Health, Education and Welfare, National Institute of Handicapped Research, 1979, pp. 183-185.

Progress report on consumer involvement in rehabilitation. Objectives include to: (1) determine the state-of-the-art in consumer involvement nationwide; (2) demonstrate the feasibility of model programs of consumer involvement; and (3) explore feasibility of establishing a Consumer Involvement Center. To date there are findings to report for the first two objectives. Findings for Objective One indicate that although each state vocational rehabilitation agency should have had a written plan formally describing its consumer involvement activities no later than December 1975, only half the agencies had such a written plan. For Objective Two, several recommendations for consumer involvement in state rehabilitation agencies are made including expanding the development of advisory councils throughout the state, formalizing areas of policy issues for interaction with consumers, and expanding consumer based services.

173 Moise, L. E. Will the real advocate for the retarded please stand up? Child Welfare, 1975, 54(1), 27-33.

Asserts that advocacy on behalf of the mentally retarded is achieving positive results around the world because of opposition to institutional dehumanization and progress in community living programs. The author, mother of a retarded child, tells of the development of her advocacy skills and of experiences with her youngster. In addition, six principles are suggested which can aid in establishing productive interaction with a mentally disabled person. These are: (1) right to respect; (2) regard for opinion; (3) room for differences; (4) risk taking; (5) responsibility; and (6) readiness for role changes. The difference between disability and handicap is noted, and it is cautioned that advocates often tend to restrict the retarded by means of negative expectations. Finally, the citizen advocacy approach is recommended as a way of achieving acceptance, mainstreaming, and integration of retarded citizens. Citizen advocacy, which is based upon a one-to-one relationship between a volunteer and a disabled individual, can provide intervention with service agencies and needed protection. It can also be a means of helping the impaired person achieve independence and first-class citizenship status; ideally, this may eventually lead to meaningful self-advocacy among such people.

174 Moore, M. L. A demonstration of three models of advocacy programs for developmentally disabled children. In C. K. Sigelman (Ed.), Protective services and citizen advocacy. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1974, pp. 17-22.

Delineates some of the problems of the multi-handicapped with developmental disabilities and ways in which advocacy programs can be used for the purpose of facilitating productive relationships between disabled individuals and the service delivery system. In order to meet the needs of the disabled,

United Cerebral Palsy Associations, Inc. (UCP) has developed three models of advocacy as part of a project of national significance. Their fundamental objectives are to provide a lifetime partnership between UCP and the client and his family, to furnish information, referral and follow-along services, and to develop legislation. The project attempts to demonstrate advocacy operations which can serve different segments of the population, which take into account various conditions of service delivery and availability, and which fit into differing UCP affiliate organizational patterns. The three project sites--New York State; Milwaukee, Wisconsin; and San Mateo/Santa Clara (California) Counties--were selected to reflect those kinds of variations. The activities of these programs during their initial period of operation are described as are their long-range goals and projected future endeavors.

175 Moore, M. L. A demonstration of three advocacy models for persons with developmental disabilities. In G. J. Bensberg & C. Rude (Eds.), Advocacy systems for the developmentally disabled. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1976, pp. 113-121.

Overviews six advocacy projects which were administered by United Cerebral Palsy Associations, Inc. These included models at the state, regional, and urban levels, and the goals by which they were directed were to help developmentally disabled persons make the service system responsive to their needs and rights and to help them participate and fulfill themselves as human beings. Each program had an advocacy advisory council and an advocacy coordinator whose functions included systems analysis, community organization, and dissemination of information. Various types of approaches were demonstrated such as consumer action groups, legislative advocacy, community organization, program brokerage, ombudsmen, and case

management. Results indicate that it is possible to establish supportive power bases for the developmentally disabled, and advocacy requires the interaction of many types of advocacy systems. Advocacy furthermore involves teaching consumers, understanding systems and effecting change, and improving relationships between disabled clients and service providers. Appended is a chart illustrating different kinds of advocacy systems.

176 Moore, M. L. Systems change advocacy. Amicus, 1976, 1(4), 13-16.

Defines advocacy as "insuring disabled persons their rights to appropriate services," and overviews United Cerebral Palsy Association's National Advocacy Project. This project, which established three model program sites, developed means of intervening to remedy the problems of developmentally disabled persons as a class. More specifically, class or systems advocacy includes the following approaches: (1) writing, lobbying, and monitoring legislation; (2) identifying service needs; (3) working to modify the service system so it adequately meets consumers' needs; (4) promoting consumer involvement in the process of service delivery; (5) helping consumer groups in the use of appeals procedures and in developing action strategies; and (6) promoting cooperation between service providers and consumers. These methods are in contrast to case advocacy procedures, the purpose of which is to assist individual clients. Examples of systems changes which resulted from the project are given. These include the establishment of a grievance procedure within a county system and the provision of follow-up services to high-risk infants. It is concluded that effective advocacy requires the linkage of many advocacy systems. Appended is a chart illustrating types of advocacy and their purposes and responsible organizations.

177 National Association for Retarded Citizens. Citizen advocacy for mentally retarded children: An introduction (Book I). Arlington, Texas: National Association for Retarded Citizens, 1974.

The concept of citizen advocacy is introduced as a means of helping retarded people live as normal a life as possible. After overviewing some traditional advocacy and protective services models, it is suggested that citizen advocacy can provide a service not offered by these other approaches. It is defined as "basically a one-to-one relationship between a capable volunteer ('advocate') and a mentally retarded person ('protege') in which the advocate defends the rights and interests of the protege and provides practical or emotional reinforcement (or a combination of both) for him." Within this context, citizen advocates may assume the role of companion, advisor, guardian, conservator, or parent surrogate, or they may play a special advocacy function such as youth, crisis, or professional advocacy. They can furthermore be of assistance to institutionalized, deinstitutionalized, or community-based mentally retarded individuals. In conclusion, it is noted that citizen advocacy is a system designed to capitalize on present-day commitment to consumer representation, human and civil rights for all citizens, and deinstitutionalization.

178 National Association for Retarded Citizens. Effective advocacy (Book III). Arlington, Texas: National Association for Retarded Citizens, 1974.

This booklet is intended to serve as a training manual for citizen advocates and a resource which will facilitate effective and satisfying advocacy action. By way of background, mental retardation is defined, its causes are overviewed, and a history of attitudes toward and treatment of retarded people is given. The functions of advocacy are then described in regard to residents of institutions, persons being deinstitutionalized, and

those who have always lived in the community. In practical terms, attitudes and activities appropriate to the various stages of an advocate-protege relationship are discussed as are legal and financial obligations attending this situation. It is particularly stressed that advocacy requires commitment to a deep emotional involvement with a disabled individual. Furthermore, specific guidelines are presented to help those who are interested in assisting their proteges to secure their legal, social, educational, employment, and general rights. Finally, advice is offered to advocates whose proteges have special problems and to parents of proteges, and some of the personal benefits which can be derived from the advocacy role are delineated.

179 National Association for Retarded Citizens. Implementation of citizen advocacy through state and local ARCs (Book II). Arlington, Texas: National Association for Retarded Citizens, 1974.

Provides specific guidelines for the purpose of assisting voluntary agencies in establishing citizen advocacy programs at the state and local levels. Of crucial importance in the organization of a state office are an experienced director, long-term funding, a representative advisory committee, and the capability of providing various kinds of technical assistance to local groups. In setting up a local citizen advocacy office, the following undertakings should be considered: utilizing a study committee for the purposes of conducting a feasibility study and fund raising; obtaining insurance; incorporating; and establishing a local advisory committee. The recruitment and training of an effective staff are necessary for the operation of the local office, and its functions include recruiting advocates and proteges, publicizing the program, screening and training

advocates, matching proteges and advocates, and monitoring and evaluating the advocacy relationships. In addition to details regarding the above procedures, examples are presented of a number of forms for various purposes, publicity strategies, and program evaluation mechanisms.

180 National Association for Retarded Citizens. Youth as a citizen advocate (Book IV). Arlington, Texas: National Association for Retarded Citizens, 1974.

Designed to introduce the concept of citizen advocacy to teenagers, this booklet encourages youth to become a part of the advocacy movement. As an introduction to the topic, mental retardation is defined in simple terms, and citizen advocacy is described in terms of an analysis of its definition, its differences from traditional volunteer activities, and its organizational framework. The special roles of youth advocates are then discussed as are some of the benefits accruing from the advocate-protege relationship. The following sections include a diary account of a youth advocate's experiences and a transcript of an interview with a youth advocate. Specifically, the diary describes a teenage girl's initiation into the citizen advocacy program, her training, her introduction to her protege, subsequent joint activities, and resultant attitude changes. The interview report is illustrative of the practical aspects of advocacy, and it depicts ways in which a protege changed as a result of the advocacy relationship, problems which were overcome, and feelings about the program. Finally, a number of steps are listed as means of starting a citizen advocacy endeavor.

181 National Association of Social Workers (NASW) Ad Hoc Committee on Advocacy. The social worker as advocate: Champion of social victims. Social Work, 1969, 14(2), 16-22.

Advocacy is defined in terms of both individual and class representation and is seen as an integral part of the philosophy and development of social work. It is suggested that the social worker is obligated by his Code of Ethics to act as an advocate. In such a role, he may be faced with a number of dilemmas, e.g., the competing claims of individuals in need, the choice of client vs. class advocacy, and action by the worker as opposed to mobilization of clients to work on their own behalf. Competence in fulfilling the advocacy role is very important, but workers generally lack the necessary technical skills. In addition, their status as employees of target organizations often serves to diminish advocacy activity. As a remedy to this situation, it is proposed that the professional association support the advocacy endeavors of its members by encouraging such practices, providing backup resources, and protecting employees against reprisals. More specifically, it is recommended that limited association support be given to nonmembers and that the association itself assume advocacy responsibility in selected instances of class-wide relevance.

182 National Easter Seal Society for Crippled Children. The Easter Seal role in advocacy: A position statement adopted by the Board of Directors, February 15, 1974. Chicago: The National Easter Seal Society for Crippled children and Adults, 1974.

Recognizes the Easter Seal Society's commitment to help handicapped persons realize their full potential, and offers a rationale for its advocacy role. It is stressed that effective rehabilitation requires a positive attitudinal and physical environment, and the Society's Bylaws mandate means of promoting such conditions. Advocacy measures are needed both to maintain high-quality direct services and to remove environmental

barriers. Advocacy techniques which can be employed include the following: (1) involving disabled persons in determining solutions to problems; (2) marshalling governmental efforts to promote a barrier-free environment; (3) speaking, writing, and acting on behalf of the handicapped; and (4) intervening to assure that services are provided and rights are recognized.

183 National Health Council. Consumer input: Why and how? New York: National Health Council, 1976.

The National Health Council (NHC) explores the "why's" and "how-to's" of consumer involvement in health planning and development. Provides basic definitions of consumer, consumer group, and consumer representative by way of introducing the importance of and methods for consumer input. Offers reasons why consumers can be useful to agencies in deciding upon action that is appropriate to their particular situation. Stresses the necessity of involving the poor and minorities in health planning, if services they receive are to adequately meet their needs. Also suggest the recruitment of former consumers, e.g., cured cancer patients, who have a keen awareness of and can speak to the health needs of a particular population. Emphasizes the responsibility associated with consumer representatives, which should not be construed as anything less than a specialist in certain areas essential to the provision of good health care. Discusses methods for fostering communication between professionals and consumers of their services. Lists some of the ways in which health professional associations and voluntary health organizations have solicited the participation of consumers to improve their respective goals of improving the public's health and curing or relieving disease and affliction.

184 Neufeld, G. R. The advocacy role and functions of councils for the developmentally disabled. In J. L. Paul, R. Wiegerink, & G. R. Neufeld (Eds.), Advocacy: A role for DD councils. Chapel Hill, North Carolina: Developmental Disabilities Technical Assistance System, 1975, pp. 7-30.

Asserts that an advocate must adopt the perspective of his client, and that modern industrialization and urbanization have given rise to a need for a social movement to advocate on behalf of developmentally disabled persons. In order for such an advocacy movement to be effective, there must be an alliance of all concerned groups including advocates both within and outside of the service delivery system. Developmental disabilities councils represent such a coalition and should assume a role in advocacy. They are in a particularly unique position to assure accountability of service agencies through monitoring activities. They can also be responsible for establishing a comprehensive communication network within the human service delivery system and between it and its consumers. Furthermore, they can facilitate action related to citizen involvement in direct service provision, confrontational activities, lobbying, and legislation. It is concluded that developmental disabilities councils should primarily be enablers of advocacy activities rather than doers of it so as to avoid controversy.

185 Neufeld, G. R. Advocacy: An examination of its interaction with the human service delivery system. In G. J. Bensberg & C. Rude (Eds.), Advocacy systems for the developmentally disabled. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1976, pp. 99-112.

Suggests that there is a need for a cohesive social movement to effect change in the service delivery system. Problems giving rise to this need are related to the system's size, complexity, fragmentation, self-protectiveness, and unresponsiveness. These problems must be addressed by advocacy,

and two approaches to it are described. First, internal advocacy, which is practiced by employees of the system, attempts to bring about change from within by utilizing negotiation methods. It has the advantages of easy access to information and stable financial support, but there is a substantial possibility of conflicts of interest. Second, external advocacy, which is independent of the service delivery system, frequently adopts an adversarial posture and has available many remedies. However, it may be limited by lack of access to information, lack of communication with natural advocates within the system, financial instability, temporary leadership, and over-involvement with the struggle for change rather than with clients. An example is presented illustrating the strengths and weaknesses of internal advocacy, and it is proposed that an ideal advocacy program should include elements of both internal and external advocacy. State developmental disabilities councils are seen as in a good position to do this, but coalitions must be formed of all involved. This is necessary to assure the accountability of all government levels and agencies.

186 Neufeld, G. R., & Paul, J. L. Advocacy training. In J. L. Paul, G. R. Neufeld, & J. W. Pelosi (Eds.), Child advocacy within the system. Syracuse: Syracuse University Press, 1977, pp. 112-129.

Points out various factors giving rise to a need for advocacy, and stresses that advocates should serve to assure public services accountability, satisfaction of client needs, and protection of rights. Advocacy training should be designed so as to promote integration between internal and external advocacy, to develop advocates' competence, and to give advocacy endeavors organization and structure. Training is furthermore needed for different types of advocates. First, it should provide citizen or volunteer

advocates with skills to lobby and to function as board members and consultants to public programs. Second, in-service training should establish in system employees a commitment to advocacy in addition to the role for which they are being paid. It should also teach methods of monitoring, communication, protecting legal rights, and advocacy techniques. Third, full-time advocates require training in a wide variety of competencies including those related to client-centered data, organizational and human service systems, organizing citizens for action, and use of public media. In addition, it is suggested that universities should play a major role in providing advocacy training.

187 Novak, L. Operation of the citizen advocate program in Lincoln, Nebraska. In W. Wolfensberger & H. Zauha (Eds.), Citizen advocacy and protective services for the impaired and handicapped. Toronto: National Institute on Mental Retardation, 1973, pp. 43-78.

Discusses the implementation of the first citizen advocacy program which was sponsored by the Capitol Association for Retarded Children in Nebraska. The mechanics of staffing and funding the project are reviewed as are the roles of an advisory committee, executive committee, and various subcommittees. Also, methods used by the administrative staff in recruiting, procuring information on, and matching advocates and proteges, orienting and training advocates, and supporting and documenting relationships are described. A number of advocacy types and activities are overviewed, and ways in which advocates help their proteges are presented. The main problems facing the program are an insufficient number of advocates, jealousy and resistance of proteges, the voluntariness of the program, and lack of communication. Overall, it is concluded that citizen advocacy can work. Appended are examples of application forms, interview schedules, protege information forms, guidelines, and reporting sheets.

188 Orlin, M. A role for social workers in the consumer movement. Social Work, 1973, 18(1), 60-65.

Suggests that the consumer movement, which established a strong identity in the 1960's, was a result of the feelings of many people that their needs were not being met. Such persons concluded that in order to achieve economic well-being they had to act as consumers as well as producers of income. States that the field of social welfare must recognize consumer issues as part of its responsibilities to combat alienation, and help the poor who suffer the most in the marketplace. As an example, author points out that the Office of Economic Opportunity (OEO) program was deeply involved in consumer activities for the poor as demonstrated through: (1) consumer education; (2) low-cost credit facilities; (3) family financial planning; (4) debt consolidation and reduction; (5) buying clubs; (6) legal services; and (7) family emergency loans. Social workers have an important role to play in the consumer movement, in both the private and public sector. They can work directly with individuals and/or manipulate the environment. In working with individuals, they can become involved with: (1) consumer education which teaches both how to get satisfaction from bought goods and about rights and laws; (2) consumer advocacy which may take the form of informal settlement of disputes, direct action, or enlisting the help of public law enforcement agencies; and (3) referral to community resources. Manipulating the environment could include such actions as lobbying, monitoring enforcement of existing laws, research, and acting as liaison between business and consumers.

189 Panitch, A. Advocacy in practice. Social Work, 1974, 19(3), 326-332.

Advocacy is defined as defending, promoting, or pleading a cause and is viewed as an integral part of social work. In relating the social environment to the principles of advocacy, it is asserted that the practitioner must take a stand against client dehumanization. Part of the responsibility for social work advocacy lies with social work educators who should encourage and support student endeavors in recognizing and confronting agency violations of human dignity. More specifically, schools of social work must place more emphasis upon classroom instruction in the technology of advocacy and demonstrate commitment to its principles during field instruction. Among the possible techniques of intervention which can be taught and employed are the following: (1) studies and surveys; (2) expert testimony; (3) case conferences with other agencies; (4) interagency committees; (5) education; (6) position-taking; (7) administrative redress; (8) demonstration projects; (9) direct contacts with officials and legislators; (10) coalition groups; (11) client groups; (12) petitions; (13) persistent demands; and (14) demonstrations and protests. In order for social work advocacy to flourish, methods must be developed which practitioners consider to be professional, and a strong commitment must be made to social justice.

190 Pappanikou, A. J. The importance of perception in child advocacy. Unpublished manuscript, University of Connecticut - Storrs, 1971.

The objective of child advocacy is defined as "to protect human beings and, in turn, the legal rights of children so that their physical and emotional states complement the variables which affect learning." Given this context of an educational setting, a child's motivation to learn is identified as important, and advocacy is recognized as a means of intervening for the purpose of removing barriers to positive motivation. It is furthermore

suggested that public school personnel can be effective advocates only if they are perceived as such by children and if they take into account the consumer's perceptions of reality. A school advocacy program is described which allowed each student to choose his own advocate, and the advocacy roles assigned and range of problems dealt with are identified. Finally, it is concluded that empirical data are needed in the field of child advocacy to augment its effectiveness.

191 Pappanikou, A. J. Dual advocacy model for inner-city schools. In J. L. Paul, G. R. Neufeld, & J. W. Pelosi (Eds.), Child advocacy within the system. Syracuse: Syracuse University Press, 1977, pp. 75-90.

Overviews some of the problems and complexities of inner-city education which result from racism and economic barriers and federal efforts aimed at remedying these problems. While warning against self-serving advocates in the ghetto, it is concluded that an effective advocacy program is necessary to coordinate existing programs into means of effecting positive change for minority inner-city persons. Most inner-city advocacy activities which were initiated in the 1960s were based on either an adversary or ombudsman model. These generally failed to result in lasting change. A dual advocacy model is proposed which utilizes the adversary and ombudsman approaches and overcomes the deficiencies of each used alone. Within this model, the ombudsman, who is part of the service system, is responsible for forcing an institution to recognize its problems and the need to solve them. When such efforts fail, adversarial techniques can be employed which emanate from outside the system. The application of this advocacy method to the school setting is described in terms of dealing with the following types of problems: (1) unusual needs or demands; (2) teacher-child conflict; (3) parent-teacher-school conflict; and (4) interdisciplinary programming. It is stressed that the two advocacy components must work together in order to make the system function effectively.

192 Parent . . . ACT (Advocates for Children Today). Final report 1970-71. Milwaukee, Wisconsin: University of Wisconsin, School of Social Welfare, Community Mental Health Field Education Unit, June 17, 1971.

Describes a project sponsored by a university school of social welfare and a community mental health association, the purpose of which was to establish a functioning committee(s) of parents of emotionally disturbed children. Activities performed by student staff, parents, and professionals during the first months of the program are reported. These include: (1) preparing parents for participation in a public hearing; (2) establishing a steering committee responsible for formation of the parent group; (3) preparing and distributing an explanatory brochure; (4) convening three parent committee meetings with their resulting actions; (5) reorganization of the steering committee; (6) assumption of group responsibility by the parents; and (7) participant evaluations of the project. The program's success indicates that parents can be effectively organized for the purpose of child advocacy and that social work students can establish and maintain constructive professional relationships with parents.

193 Pascal, C., Neufeld, G. R., & Adams, J. H. Legal advocacy programs for disabled citizens: A survey and analysis. Unpublished manuscript, Developmental Disabilities Technical Assistance System, Chapel Hill, North Carolina, 1976.

Notes the proliferation of legal advocacy for the handicapped in recent years, and presents the results of a nationwide survey which explored the status of legal services for the developmentally disabled. As a means of describing such programs, 11 projects representing a cross-section of available types of legal services are discussed. Legal services programs in general are then analyzed in terms of their strengths and weaknesses. Specifically, they are found to make significant contributions in providing services to low-income persons, public education, establishing national

precedents and publicity, and in facilitating the development of a specialized bar and innovative modes of service delivery. Deficiencies are found due to lack of permanence, restrictions imposed by the funding source, limitations on the population served, lack of expertise of the bar in general, and limited involvement of the private bar. Based on these results and analyses, recommendations are made for expanding and improving legal services for the disabled. These are focused upon the areas of lawyer referral services, legal advertising, legal specialization, and pre-paid legal services plans. Appended is a sample of a resolution that could be used to make lawyer referral services more useful to the handicapped.

194 Pascal, C. B., & Turnbull, H. R., III. Legal advocacy for the DD citizen. In J. L. Paul, R. Wiegerink, & G. R. Neufeld (Eds.), Advocacy: A role for DD councils. Chapel Hill, North Carolina: Developmental Disabilities Technical Assistance System, 1975, pp. 149-172.

Legal advocacy is practiced within a legislative, administrative, or court forum, and some general concepts related to the law are discussed including procedural and substantive due process and equal protection. Also, an outline of the asserted legal rights of developmentally disabled citizens is presented, and it is suggested that advocates should give emphasis to the assurance of educational and patients' rights. The right to education can be considered in terms of appropriate education, right to fair classification and placement, and compensatory education. The rights of institution residents embrace the following: least restrictive alternative; right to an advocate; right to a decent environment; right to education and treatment; right to refuse treatment; right to be free from peonage; individualized treatment plans and periodic review; right to be free from unfair transfer; and post-deinstitutionalization assistance. Finally, a list of programs which should be considered by developmental disabilities councils in establishing legal advocacy services is offered.

195 Paul, J. L. Advocacy potential of developmental disabilities councils. In J. L. Paul, R. Wiegerink, & G. R. Neufeld (Eds.), Advocacy: A role for DD councils. Chapel Hill, North Carolina: Developmental Disabilities Technical Assistance System, 1975, pp. 1-5.

The mandate of developmental disabilities (DD) councils to provide comprehensive planning for disabled people includes tremendous potential for advocacy. Their advocacy becomes manifest in terms of their values and actions, and these should be determined by consideration of both the needs of the developmentally disabled and problems inherent in the service delivery system. DD councils' orientations must focus primarily upon the rights of disabled citizens and ways of overcoming bureaucratic inertia. That is, the rights and needs of the client population must not be compromised, and capability must be developed to make care-giving systems responsive to these rights and needs. In order to function effectively, developmental disabilities councils must first establish a set of principles upon which they base their activities. Once this is accomplished, the foundation exists for them to act as advocates, both in terms of their philosophy and program.

196 Paul, J. L. Advocacy and the advocate. In J. L. Paul, G. R. Neufeld, & J. W. Pelosi (Eds.), Child advocacy within the system. Syracuse: Syracuse University Press, 1977, pp. 141-162.

Presents some psychological considerations of the advocate role in terms of both individual characteristics and relationships with others. In each of these respects, the advocate must determine the boundaries and authority of his professional role and personal identity. He must develop an identity for himself as an advocate in relation to his own family, professionals and bureaucrats, the community as a whole, and the child who is his client. Some of the problems which affect the advocate's morale are ambiguity, conflicts of interest, and the temptation to become cynical, and he must constantly strive to maintain sensitivity to individual needs. Some

of the variables which affect the advocate role are the use of tactics of influence, identification with the bureaucracy, public credibility, and ability to work without the protection of a bureaucratic structure. In regard to the latter, it is noted that an advocate must be able to relate to, but must avoid within the advocacy program, red tape, jargon, physical separation from clients, and rules and decorum.

197 Paul, J. L. Advocacy program development. In J. L. Paul, G. R. Neufeld, & J. W. Pelosi (Eds.), Child advocacy within the system. Syracuse: Syracuse University Press, 1977, pp. 130-140.

Discusses issues related to the planning and implementation of advocacy programs. The first step in program development is assessing the needs to be addressed. This is a means of guiding and structuring activities for the advocate and of communicating with the community. Second, a power base must be determined and/or established both inside and outside the bureaucracy. Third, priorities must be chosen in cooperation with the community. Some of the specific decisions which must be made are also examined: (1) who is accountable?; (2) who needs to be involved?; (3) how will you know if you are on track?; (4) what is your real power base?; (5) minimum standards for continuing; (6) critical information network; (7) role of consumers; (8) policy and the public media; and (9) boundaries between advocacy and service.

198 Paul, J. L. A framework for understanding advocacy. In J. L. Paul, G. R. Neufeld, & J. W. Pelosi (Eds.), Child advocacy within the system. Syracuse: Syracuse University Press, 1977, pp. 11-31.

Explores ecological theory in terms of the fit between a child and his environment, and it is suggested that, when misfits occur, the social processes or transactions between these be examined. Areas of human need and adaptation, such as maintenance of physical life and of a way of life, which

are common to everyone are discussed. Given this normative base, deviance is defined as "a recognized discrepancy over time between the expected and accepted behavior of a particular collective and the behavior of a member of that collective." Deviance and conformity are examined in cultural terms relative to a child's interactions with his contexts as a rationale for child advocacy endeavors. Transactional problems which must be solved by advocacy include providing a child with support; means of developing competence; continuity of experience; protection from conflict between home, school, and neighborhood; and productive relationships between child serving systems and the community. In discussing advocacy specifically, class advocacy is criticized as not taking into account individual differences. It is stressed that, whenever possible, a person should speak for himself. When this is not possible, the questions of who speaks for whom and to what extent must be carefully considered.

199 Paul, J. L. The need for advocacy. In J. L. Paul, G. R. Neufeld, & J. W. Pelosi (Eds.), Child advocacy within the system. Syracuse: Syracuse University Press, 1977, pp. 1-10.

Notes many problems regarding the impact of social institutions on children, and recognizes child advocacy as a social movement aimed at remedying these problems. In general, the purpose of child advocacy is to assure effective and integrated services and to defend the child against services that are not in his best interest. It includes such activities as developing procedures for protecting and enriching the lives of children, examining the child's environment to ascertain means by which he can develop positively, and utilizing judicial procedures. In all of these endeavors,

focus is upon the child's rights as a person, and efforts are directed toward legal assurance of those rights and promoting accountability to the child. Finally, it is suggested that there is a need for advocacy in the areas of economics, environment, legislation, and litigation and that it should be developed at a number of different levels and in a variety of directions.

200 Paul, J., & Gregory, R. Developing an advocacy system for children: A mechanism for basic deinstitutionalization. Special Education Theory Into Practice, April 1976.

Explains the ecological assumption that human problems are rooted in transactions between individuals and their environments and the frequently occurring extrusion of "deviants" for the purpose of maintaining calm social settings. Given this background, a design for a child advocacy system which serves to maximize growth potential within normal environments is presented. More specifically, the following goals for such a system are suggested: (1) increase sensitivity to the process of extrusion; (2) reduce extrusion rates; (3) develop effective re-entry mechanisms; (4) monitor child and environmental fits to maximize child potential and environmental integrity; (5) increase community awareness of the need to create environmental alternatives for children; (6) create alternative child-relevant environments; and (7) create alliances of all groups interested in child potential. Various recommendations are made regarding the implementation of a child advocacy system including the provision of such services as family assistance, training and counseling, and teacher training and counseling. Also considered are means of working with government personnel and agencies at different levels for the purpose of providing a comprehensive child development program needed to maximize life situations.

201 Paul, J. L., & Neufeld, G. R. Child advocacy: An overview of a within-systems approach. In B. T. Saunders (Ed.), Approaches with emotionally disturbed children. Hicksville, New York: Exposition Press, 1974, pp. 175-199.

In spite of the vast resources being allocated to make opportunities available to children, a child advocacy movement is gaining strength for the purpose of improving children's quality of life. A within-system approach to advocacy is committed to institutional change, and the public school is a primary target. During recent years, schools have started to change in significant ways and to recognize the child as having rights. Child advocacy is evolving within this context and works to transform attitudes. It adopts the perspective of the child and accepts his right to be different. Part of its task must include learning about children, their social systems, and their relationship to the larger society. Given this framework, then, service delivery systems must be made accountable to the children they serve. Three case studies are presented which illustrate some advocacy issues and various types of interventions. It is stressed that advocacy must derive its power from the grass roots level, be concerned with direct services, and improve understanding about and interactions with children.

202 Paul, J. L., Neufeld, G. R., & Pelosi, J. W. (Eds.). Child advocacy within the system. Syracuse: Syracuse University Press, 1977.

Overviews the philosophy and practice of advocating for children. The assumption is made that society's institutions are failing children, and it is proposed that a system of advocacy can serve to "redeem the human potential within our institutions." The following chapters are included: (1)

The Need for Advocacy; (2) A Framework for Understanding Advocacy; (3) Advocacy System: Generic Components; (4) Advocacy in Home, School, and Community: Child Advocacy System Design; (5) Dual Advocacy Model for Inner-City Schools; (6) Advocacy in an Institution; (7) Child Advocacy in Government: A Statewide Program; (8) Advocacy Training; (9) Advocacy Program Development; and (10) Advocacy and the Advocate.

203 Paul, J. L., Rosenthal, S., Adams, J., & Ramsbotham, A. Advocacy: Resources and approaches. Chapel Hill, North Carolina: Developmental Disabilities Technical Assistance System, 1976.

The developmental disabilities legislation of 1975 requires that states develop and implement advocacy systems to "protect and advocate the rights of persons with developmental disabilities." This booklet is intended as a resource to help developmental disabilities councils perform effectively their responsibilities in this regard. More specifically, background factors associated with advocacy are reviewed, and advocacy is defined in terms of its levels of intervention and processes. Advocacy is furthermore explained by means of its practitioner's relationship to the service delivery system, and the advantages and disadvantages of internal and external advocacy are discussed. Also overviewed are ways in which advocacy activities may be structured, characteristics needed by advocates, functions which can be performed by advocates, and related issues. Eight advocacy programs are described which illustrate a variety of advocacy approaches. In addition, a number of resource people are listed as are available films, slide presentations, and videotapes on the topic of advocacy. Finally, an annotated bibliography of relevant materials is included.

204 Paul, J. L., Wiegerink, R., & Neufeld, G. R. (Eds.). Advocacy: A role for DD councils. Chapel Hill, North Carolina: Developmental Disabilities Technical Assistance System, 1975.

Presents a series of papers related to advocacy and the developmentally disabled and to the advocacy function of state developmental disabilities councils. In general, it is pointed out that advocacy requires both passion and competence in order to result in positive change. Specifically, the topics covered in regard to building these skills are as follows: (1) advocacy potential of developmental disabilities councils; (2) the advocacy role and functions of councils for the developmentally disabled; (3) consumer as advocate: personal perspective; (4) planning for council action; (5) a role for consumerism in the DD movement; (6) regionalism; (7) revenue sharing: advocating for resources; (8) public awareness planning and development; (9) legal developments: through and beyond the history of the developmentally disabled; (10) legal advocacy for the DD citizen; and (11) deinstitutionalization of the developmentally disabled. In addition, an extensive description of the structure of the conference from which these papers are derived is appended as are the training modules related to the subjects under discussion.

205 Pechman, S. M. Seven parent and child centers. Children Today, 1972, 1(2), 28-31.

Although much money has been made available to provide services to poor families, many eligible persons do not receive those services. In response to this problem, seven Parent and Child Centers, operated under the auspices of the Office of Child Development's Project Head Start, received supplementary funding to include an advocacy component in their programs. The objectives of these advocacy endeavors include assessing family needs, identifying and coordinating existing resources, providing

referral and follow-up services, developing needed new programs, and establishing training procedures for child advocates. Examples of the Centers' advocacy activities are presented which illustrate how the project participants attempt to meet identified community needs. It is noted that an important aspect of this program is evaluation of its impact upon the families served and upon the total service delivery system.

206 Pelosi, J. W. Advocacy system: Generic components. In J. L. Paul, G. R. Neufeld, & J. W. Pelosi (Eds.), Child advocacy within the system. Syracuse: Syracuse University Press, 1977, pp. 32-40.

Introduces a model of a community-based child advocacy system and identifies its necessary components, relationships between components, and relationship to the community. The mission of the proposed system is defined as: "to enable and/or facilitate the full physical, emotional, and social development of each child in accordance with his or her potential." Design requirements and system capabilities are specified as well. The four main components of the system are discussed in terms of their roles and relationships. These are: (1) monitoring/assessing component which involves gathering and analyzing both child specific and service delivery information; (2) action component which is responsible for planning and implementing activities to remedy problems in service delivery; (3) community involving component which includes initiating and developing the advocacy system as well as community support for it; and (4) management component which handles organizational matters and the monitoring and action capabilities.

207 Pelosi, J. W., & Johnson, S. L. To protect and respect: Advocacy for your child: A child advocate's handbook. Durham, North Carolina: Child Advocacy System Project, Learning Institute of North Carolina, 1975.

Presents information for use by parents and others who wish to serve as advocates for individual children. This manual outlines in considerable detail procedures which can be performed for the purpose of assuring the availability of appropriate services, resources, and programs to this population. The first task to be carried out in the advocacy process is monitoring, and this includes the following steps: (1) deciding what activities to monitor; (2) deciding what places to monitor; (3) deciding what to look for in each situation; (4) deciding how to collect the information; and (5) collecting the information. After the data have been gathered, they must be assessed in order to determine whether or not a change is needed. Once it is decided that a change is necessary, advocacy action should be directed at this goal. It involves the following steps: (1) developing a plan for changing the situation; (2) carrying out the plan; and (3) evaluating to make sure the plan is carried out and to determine whether or not it accomplishes what it was supposed to for the child. It is suggested that in working to guarantee needed services to children, the advocacy process must be one that is both systematic and continuous.

208 Pelosi, J. W., & Paul, J. L. Advocacy in home, school, and community: Child advocacy system design. In J. L. Paul, G. R. Neufeld, & J. W. Pelosi (Eds.), Child advocacy within the system. Syracuse: Syracuse University Press, 1977, pp. 41-74.

Discusses the Child Advocacy System Project. Its nine goals are listed as follows: (1) monitor child and environmental fits to maximize child potential and environmental integrity; (2) increase community awareness of the need to create environmental alternatives for children; (3) create alternative child-relevant environments; (4) create alliances among

families, schools, and other community interests which have a primary interest in maximizing child environments and thus child potential; (5) catalyze the existing programs; (6) increase sensitivity to the process of stigma and exclusion as it is now occurring in the community; (7) reduce the exclusion rates in communities; (8) develop re-entry mechanisms in order that children currently and futurely excluded can be returned successfully to community living arrangements; and (9) mobilize informal neighborhood and community advocacy resources for children. The project design and development are extensively described in terms of its child advocacy team, neighborhood council for children, advisory board, and site selection as well as its initial planning, initial entry, staff recruitment, implementation of design, and continued field activities.

209 Pelosi, J. W., Taylor, D., & Paul, J. L. Child advocacy in government: A statewide program. In J. L. Paul, G. R. Neufeld, & J. W. Pelosi (Eds.), Child advocacy within the system. Syracuse: Syracuse University Press, 1977, pp. 103-111.

Describes a legislatively mandated advocacy system within the state government of North Carolina. Four strategies for the effective functioning of such a system are identified as follows: (1) maintain a close alliance with a constituency outside of government; (2) raise the advocacy consciousness and potential of service personnel; (3) reserve the right to go to the source of power when necessary; and (4) maintain linkages with those in the political system that appropriate resources and set policies. Activities are carried out both at the state and local levels. The field staff are responsible for the case advocacy part of the program and perform the following functions: coordination of services; promotion of awareness

and responsiveness to the rights and needs of children on the part of public agencies; and management of an Office for Children Findings. The relationships between these functions are also discussed as are the philosophy and approaches which guide the advocates.

210 Perske, R. New directions for parents of persons who are retarded. Nashville: Abingdon Press, 1973.

Traces the general adjustment patterns of parents of retarded children which culminate in an interest in advocacy. The first of four stages through which such parents progress is focused upon themselves. During this period, such factors as unrealized expectations, reactive mood shifts, changes in life style, repulsion of the child, and theological adjustments must be coped with. Second, the focus shifts to the child, and efforts are made to help and understand him. Third, concern widens to embrace the whole family structure. Finally, the fourth stage of adjustment focuses upon society so as to understand and change it when necessary. At this time, parents of the retarded may choose to join with other parents so as to effect group action. Some of the advocacy forms that have developed out of organized groups are: (1) pilot parent programs; (2) governmental and legislative advocacy; (3) public attitudinal change efforts; (4) working for community-based services; (5) citizen advocacy; (6) coordination of efforts with poverty programs; (7) litigation; (8) youth movements; and (9) monitoring efforts.

211 Perske, R. A process of screening and guidance for citizen advocates. In W. Wolfensberger & H. Zauha (Eds.), Citizen advocacy and protective services for the impaired and handicapped. Toronto: National Institute on Mental Retardation, 1973, pp. 233-240.

Suggests that the success of citizen advocacy programs can be substantially enhanced by back-up support, and three phases of advocacy relationships are examined within this context. At the beginning of an advocate's

involvement, a coordinator must be concerned with such considerations as the first contact, printed materials, formal applications, review of the applications, screening interviews, letters of decision, orientation and training, and matching of advocates and proteges. During the implementation phase of the relationship, the coordinator needs feedback for an extended period of time, and he must help the advocate accept his protege as he is, work through critical incidents, and provide opportunities for sharing between advocates. When a relationship must terminate, the coordinator is responsible for easing this process and making it a productive experience. The intent of citizen advocacy is that relationships be lasting and stable, and in order that this occurs, there must be assistance provided while the advocate develops adequate independence.

212 Perske, R. New directions for volunteers. In C. Cherington & G. Dybwad (Eds.), New neighbors: The retarded citizen in quest of a home. Washington, D.C.: President's Committee on Mental Retardation, 1974, pp. 163-172.

Notes the trend away from volunteer-run community services for the retarded to those professionally run, and suggests that in order for voluntary organizations to survive they must adopt new directions. These may take the form of one or more of the following: (1) public attitude change task forces; (2) agency monitoring efforts; (3) pilot parents projects; (4) citizen advocacy programs; (5) creative programs to find quality guardianships in the community; (6) youth relationships; (7) government and legislative action forces; (8) action groups in low economic sectors; (9) human and legal rights task forces; (10) program innovation task forces; and (11)

ad hoc task forces. All of these examples represent ways in which volunteers can do meaningful work, and all are types of advocacy. In changing directions, voluntary agencies must recognize that they have some serious problems to overcome but that also new opportunities are available.

213 Plotkin, L. Need for and forms of volunteer (citizen) advocacy. In L. D. Baucom & G. J. Bensberg (Eds.), Advocacy systems for persons with developmental disabilities: Context, components, and resources. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1977, pp. 103-112.

Makes the distinction between voluntary and paid advocacy, and presents a number of examples illustrating the importance of voluntary advocacy even in situations in which model legislation and progressive judicial decisions are in effect. Three main forms of volunteer advocacy are described: (1) individual advocacy, i.e., citizen advocacy; (2) self-advocacy, i.e., disabled persons learning sufficient self-help skills and social compatibility to be their own advocates; and (3) group advocacy, i.e., Human Rights Advocacy Committees which are statutorily created and act as independent monitoring mechanisms.

214 Polier, J. W. In defense of children. Child Welfare, 1976, 55(2), 75-84.

Deplores the federal government's lack of commitment to child development as reflected in its abdication of responsibility under New Federalism and revenue sharing programs. Somewhat offsetting this negative influence on child welfare services, however, are new forces advocating children's rights, and some of the issues being explored include the following: the right of a child to education; the right of a child to independent counsel; the right of a child to the least restrictive placement; the right of a child to rehabilitation in the juvenile justice system; the right of

institutionalized persons to appropriate treatment; the right of children to be protected from cruel and unusual punishment in the name of rehabilitation; the right of a child to receive services within his own state; and the need to defend children against violations of their right to equal protection under the constitution. Three examples of Children's Defense Fund activities on behalf of children's rights are presented to illustrate active concern with these issues. The responsibility of child welfare agencies and professionals to assure that needs are met is emphasized, and the importance of individuals with specialized knowledge and skills taking leadership roles is noted.

215 Polloni, P. P., Toff, F., Sussman, S., Honig, A. M., & Baird, H. W. Workshop problems of the consumer and future role of consumer advocacy. In Manpower projections for developmental disabilities in the 1980's. Philadelphia, Pa.: Temple University, Developmental Disabilities Center, n.d., pp. 64-78.

Four short papers on consumerism are presented which include the following: (1) an overview of consumer influence on government responses, particularly in regard to litigation and the 1970 Developmental Disabilities Act; (2) an account of consumer participation in a comprehensive health care program; (3) a description of a privately funded, family-oriented mental health treatment community; and (4) observations regarding a community referral center for disabled children. A workshop discussion following these presentations covers topics related to consumer panels, evaluation of comprehensive health care services, consumer involvement in community programs, training to assure informed consumers, and various roles of consumer advocates. Finally, small group deliberations focus upon the following concerns: (1) potential conflicts of interest between

a disabled individual and his family; (2) the need for a consumer report evaluating program effectiveness; (3) a definition of the functions and qualifications of an effective consumer advocate; and (4) the desirability of consumer input in regard to program planning and evaluation.

216 President's Committee on Mental Retardation. Silent minority. Washington, D.C.: The President's Committee on Mental Retardation, n.d.

A number of issues related to the rights of mentally retarded citizens are raised, and concrete suggestions as to what advocates can do to protect the interests of the retarded are made. The following rights and problem areas associated with them are discussed: (1) the right to life--including the matters of the right to be born healthy, guardianship, health insurance, and habilitation; (2) the right to liberty--including the matters of normalization, the least restrictive alternative, and adequate protection when involved with the criminal justice system and prisons; and (3) the right to the pursuit of happiness--including the matters of an appropriate education, employment, and personal rights. It is stressed that in order for these rights to be protected, retarded people must have advocates who vigorously represent their interests. Legal advocacy, personal guardianships, trusteeships, and citizen advocacy may all be significant means of assuring civil and human rights, and advocacy roles can be assumed by laymen, attorneys, and public officials. All of these functions and persons are needed since the mentally retarded population is limited in its ability to organize and pursue legal and legislative remedies for infringements of rights.

217 President's Committee on Mental Retardation. We are People First. In Report to the President: MR 78. Washington, D.C.: President's Committee on Mental Retardation, 1978, pp. 53-58.

A general review of the origin, goals, and objectives of People First conventions. Traces the movement of a handful of developmentally disabled persons and their advocates who traveled to Canada for the first convention for the mentally handicapped in North America. Upon returning home, they launched their own convention. Article briefly describes the highlights of the first Oregon People First convention in 1974 which was so successful it became an annual event. People First has received increasing visibility through its big conventions and now has members on the Governor's Committee for the Handicapped, the NARC Board of Directors, and the Oregon Developmental Disabilities Council. The forum provided by the People First Convention represents a new consumer force that preaches self-advocacy and the power of peer group education.

218 Preston, L. E. Who speaks for the consumer? In R. N. Katz (Ed.), Protecting the consumer interest: Private initiative and public response. Cambridge, Massachusetts: Ballinger Publishing Company, 1976, pp. 3-5.

A number of answers have emerged to the title question. These include: (1) tne consumer speaks for himself--by his purchase behavior in the market; (2) market research speaks for the consumer--which is designed to discover in advance potential consumer responses; (3) political and legal systems must speak for consumers--by providing them a forum to generate nonmarket pressures and means of redress; (4) activist leaders may speak for consumers--this may produce political power blocs, litigation, and development of group services; and (5) in-house consumer affairs officers may survey consumer interests and incorporate the results into internal management. It

is concluded that the consumer-producer relationship ideally should be one of cooperation and symbiosis, but this may not be realistic. Problems are inherent even in a positive environment, including who to listen to and how to balance views of various consumer groups. Also, costs, problems, and delays in resolving individual consumer complaints seriously limit effectiveness.

219 Randolph, A. H. The Rehabilitation Act of 1973: Implementation and implications. Rehabilitation Counseling Bulletin, 1975, 18(4), 200-204.

Briefly discussed are some of the major changes and mandates resulting from the Rehabilitation Act of 1973 (P.L. 93-112) and the 1974 amendments to the Act (P.L. 93-516). The two themes underlying most of these mandated changes are (1) increasing client involvement in the rehabilitation process; and (2) expanding services to the severely disabled. Mandated changes include: (1) an order of selection and priority must be established, so that each state ensures that the most severely handicapped are served first; (2) that agencies devise a system to review each ineligible client annually; (3) that there be joint consultation and development between the counselor-client throughout the formulation of the individualized written rehabilitation program; and (4) that, in some situations, post-employment services can be provided after clients have been successfully rehabilitated. Some possible implications of this legislation are discussed as they relate to agencies and caseload size, counselor time per client, service provision for the severely disabled, counselor reward systems, and administrative procedures. Some components of the counselor-client relationship which will be altered as a result of the Act are also presented. Author indicates that the counselor's responsibilities which

have been emphasized or strengthened can be grouped into three major components of the relationship: knowledge sharing, involvement, and verification. The knowledge sharing pertains to information which the counselor must share with the client about the rehabilitation agency. The involvement component is defined as the emphasis on the full and active participation of the client in planning and decision making. Finally, it is indicated how the client must receive at least two communications from the counselor or rehabilitation agency which represent verification for the counselor.

220 Rehabilitation Research and Training Center. Understanding the guidelines for the Rehabilitation Act of 1973 on individualized written rehabilitation program. Institute, West Virginia: West Virginia Rehabilitation Center, 1974.

Manual designed to assist rehabilitation counselors, educators and trainers to understand the individualized written rehabilitation program (IWRP) and some of the issues and case management procedures necessary for its development. Materials address both the interpretation of this aspect of the Rehabilitation Act of 1973 and guidelines to aid in the implementation of IWRPs. Specifically, the manual consists of seven sections: (1) Introduction; (2) The IWRP and the Counselor-Client Relationship; (3) Goals and Objectives for the IWRP; (4) Evaluating Progress with the Aid of the IWRP; (5) Amending the IWRP; (6) the Place of the IWRP in the Case Record; and (7) The IWRP and the Rehabilitation Process. Additional optional material to be used with this instructional manual is a tape-slide overview.

221 Rehabilitation Research and Training Center in Mental Retardation. Consumerism. In Report of progress, October 1, 1978 to October 1, 1979 (reporting period). Eugene, Oregon: University of Oregon, pp. 261-346.

Consumerism, by definition, calls for active participation from handicapped persons. Important behaviors for meaningful and effective involvement range fromm knowledge based assertiveness in effecting change at the systems level to the ability to engage in meaningful decision making regarding the development and implementation of consumer participation. When considering the mentally retarded consumer, the question becomes: "What implications does the consumer movement have for the mentally handicapped since their disability, by definition, is characterized by deficits in the behavioral areas which are deemed important for effective involvement?" The general objective of this consumerism core area of research is to explore the role of the mentally retarded person in the contemporary consumer movement of handicapped people at two levels: (1) within the rehabilitation system; and (2) within consumer controlled advocacy/consumer movements. The core area was initiated one year ago and is currently completing a "state-of-the-art" study. This study investigates the role of mentally retarded consumers in the rehabilitation system. Objectives of the study are varied in focus and intent and include: (1) an analysis of congressional records related to rehabilitation, federal legislation since 1973, and administrative guidelines pertaining to that legislation; (2) a comprehensive literature review; (3) a content analysis on Client Assistance Projects (CAPs) to ascertain the extent to which they serve mentally retarded consumers; and (4) a survey of and personal interviews with service providers and mentally retarded consumers to determine the extent to which mentally retarded clients practice consumerism within the rehabilitation

system. Even though consumerism is developing as a new core area of research, it has been a subject of increasing importance for several years at the Oregon R-T Center. This is evidenced by several training modules and monographs distributed by the Center, and five research projects which include, as a major source of data, input from mentally retarded people or their representatives.

222 Rein, M. Social work in search of a radical profession. Social Work, 1970, 15(2), 13-28.

Author discusses the movement to radicalize the social work profession which has taken the form of redefining the role of the professional public policy and professional activity. Latter has resulted in an examination of professional accountability to the consumer, and a new emphasis to change welfare systems rather than individuals' lives. Various obstacles to reformulating a professional creed are discussed. These are imprecise and frequently conflicting professiona` values, difficulty in defining the profession, inability to separate procedural and substantive functions, and disparity between what professionals say and do. Since there are many different belief systems operating within the profession, the critic1 components of these systems are examined in relation to behavioral goals and change processes. Intervention strategies for social change can be defined as either individually oriented or environmentally oriented. By dichotomizing these two dimensions of intervention with standards of behavior, four professional creeds may be identified: (1) traditional casework which focuses upon helping the deviant to conform to social standards and thus achieve self-actualization; (2) radical casework which focuses upon the individual but resists established norms; (3) community sociotherapy

which holds that organizing groups for self-help or more radical changes results in changing individuals; and (4) radical social policy which combines social action and a challenge to established standards. Each creed is critically examined, and it is concluded that the radical casework approach may be the most viable alternative in efforts to solve urban problems.

223 Remmes, H. Consumer feedback: Tiny Tim is dead! Rehabilitation Literature, 1974, 34(10), 298-300.

Physically handicapped professional (former consumer of rehabilitation services) emphasizes the importance of active consumer involvement in agencies serving the handicapped. Explains how the Massachusetts Council of Organizations for the Handicapped, a group of advocates and consumers, has established excellent rapport with the Easter Seal Society for Crippled Children and Adults of Massachusetts in making policy decisions and initiating programs. The council is described as a "catalyst to form a national coalition" of handicapped people representing various constituencies. Taking an advocacy and monitoring role, the council has managed to establish a cooperative relationship with the Easter Seal Society and is seen as indicative of the consumer/service agency relationship that is becoming mandatory as consumers continue to demand and obtain their rights. Suggests that without this type of consumer leadership, handicapped consumers will resort to militancy to gain progress in their movement. Basic message reiterates the importance of consumers and professionals working together cooperatively.

224 Remmes, H. S. Consumer involvement in rehabilitation. Rehabilitation Record, 1972, 13(4), 33-35.

Paper based on a presentation made at a Rehabilitation Research and Training Center conference held in Philadelphia in 1972. Remmes is President of the Massachusetts Council of Organizations for the Handicapped (MCOH), a "body politic" of more than a million persons in the Commonwealth of Massachusetts. Attributes the success of this organization to responsible leadership from each member group and the positive approach they have taken, including serving as an adjunct to existing structures by serving on their boards, serving as consultants, conducting surveys, and promoting legislation. Two major factors emerging on the consumer scene are: (1) consumers are becoming a force; and (2) the leadership which is developing must be channeled into a positive rather than a negative force. Author proposes that consumer input is "a tool which is as important as the scalpel, necessary as the blueprint, and a far more efficient machine than the EKG." Suggests that handicapped consumers are every bit as professional as any person in the field. "We, too, have our Ph.D.'s; we, too, have our businessmen, our doctors, our programmers, our technicians. But, more important, we have the expertise of having lived with the problem of a handicap."

225 Reynolds, J. Various developments in child advocacy as currently practiced throughout the United States. Journal of Clinical Child Psychology, 1974, 3(1), 13-15.

In 1970, the Joint Commission on Mental Health of Children recommended the establishment of a national child advocacy network. Since that time, child advocacy has developed in a number of ways. For instance, clarification of practice has occurred, and it is now generally agreed that child advocacy is "action taken on behalf of children to modify and improve

conditions which impede or may impede their growth and development." Other developments in child advocacy include the following: advocates are presently focusing upon the need for community and institutional responsiveness rather than upon child and family responsibility; citizen involvement in advocacy activities is becoming widespread; emphasis is more and more being placed upon the legal rights of children; and advocacy is increasingly being combined with both the provision of direct services and the coordination and planning of services. Finally, it is noted that a need exists for interdisciplinary examination of advocacy practice and philosophy.

226 Rice, B. D. Consumer involvement/policy development consultation: A resource manual for staff development personnel and rehabilitation trainers. Hotsprings, Arkansas: University of Arkansas, Rehabilitation Research and Training Center, Hotsprings Rehabilitation Center, 1979.

A manual designed to serve as a basic resource guide for staff development, rehabilitation trainers, university-based rehabilitation training programs, and others who conduct (or will conduct) training in the areas of consumer involvement and/or policy development consultation (CI/PDC). A definition of terms, e.g., consumer, consumer group, consumer involvement, encountered frequently in these areas are given in the first section. The second section is devoted to legislation and regulations related to CI/PDC. Particular attention is paid to the regulations and provisions of the Individualized Written Rehabilitation Plan (IWRP) and the involvement of consumers as groups, e.g., consumer input into policy and decision making of rehabilitation agencies. Section three of the manual focuses upon actions required of state agencies to meet congressional mandates, e.g., soliciting input from consumers, publicizing written state plans, providing training needed by selected consumer representatives. Section four

outlines several CI/PDC modes agencies may choose to follow, e.g., a consumer advisory committee, forums and open meetings, based on the assumption that different agencies have different needs. The fifth section spells out consumer rights and responsibilities in the CI/PDC process. Consumer organizations as well as individuals are addressed. The sixth section provides an outline highlighting the advantages of CI/PDC. Finally, section seven considers staff training. Training topics, training participants, and training resources are listed. Each of the seven sections is presented in an outline form which provides a base upon which trainers can build more effective training programs on CI/PDC.

227 Richan, W. C. Dilemmas of the social work advocate. Child Welfare, 1973, 52(4), 220-226.

A number of obstacles hinder the practice of advocacy by social workers. These include lack of technical expertise, pressure from the employing agency and the community, and moral dilemmas. One such dilemma involves competing loyalties. This generally takes the form of choosing between one's agency and client, but it also may be concerned with judging a client's claims in relation to those of others. The dilemma of paternalism centers upon the social worker's ability and willingness to help versus fostering client independence and responsibility. In this regard, it is suggested that the client must be accorded the right to help himself, but the worker must demonstrate his willingness to stand by the client when he is needed. Finally, the dilemma of reform versus redress is discussed. Aside from the underlying argument between fundamentalists and incrementalists, it is concluded that case advocacy, as well as class advocacy, can lead to institutional change.

228 Richardson, S. A. People with cerebral palsy talk for themselves. Developmental Medicine and Child Neurology, 1972, 14, 524-535.

A panel discussion between three people with cerebral palsy and the mother of a cerebral palsied 17-year-old girl was held at the American Academy of Cerebral Palsy meeting in 1971. The three cerebral palsy persons were a student, a psychologist, and a lawyer. Their discussion was transcribed from the tape-recorded session, and grouped in the paper under the following headings: stereotyped reactions, education, parents, the problem of being helped, sex education, experiences essential for growing up, withdrawal from other people with handicaps, handicaps and institutions, health services, physiotherapy, and general health problems.

229 Riddle, J. I., & King, L. Advocacy in an institution. In J. L. Paul, G. R. Neufeld, & J. W. Pelosi (Eds.), Child advocacy within the system. Syracuse: Syracuse University Press, 1977, pp. 91-102.

Describes an advocacy program, the purpose of which is to represent institution residents' needs to the facility's staff and to act as a change agent. Historically, society has sequestered deviant individuals, and the need for institutional reform is great. Although not included in past reform movements, it is suggested that advocacy, performed by persons not involved in direct service, can be used to bring about lasting change. An effective advocate must maintain close personal relationships with those he serves in order to know and act on their needs. Among the procedures he can use are negotiation, representation of rights of residents in staffings, and confrontation. Over a period of time, an advocacy program within an institution can accomplish much. For example, institution staff may accept advocacy as a legitimate endeavor, use its resources, and practice advocacy themselves; residents may be given hope, motivation, and ability to advocate for themselves; and parent participation may be fostered.

230 Riessman, F. The "helper" therapy principle. Social Work, 1965, 10(2), 27-32.

Discusses the benefits of finding ways of transforming recipients of help into dispensers of help. This helper principle involves recruiting former delinquents, addicts, AFDC mothers, etc. to be non-professional "peer helpers." Helpers benefit from their role in that they become more efficient, better motivated, and perfect their helping skill. Author suggests that the helper principle may circumvent role distance difficulties that arise between middle-class-oriented therapy and low income clients' expectation and style. Notes that improved self image in helper is likely to emerge since s/he is doing something worthwhile and helping someone in need.

231 Rigdon, L. T. Civil rights. In The White House Conference on Handicapped Individuals. Volume one: Awareness papers. Washington, D.C.: U.S. Department of Health, Education and Welfare, 1977, pp. 393-424.

Overviews civil rights issues relating to handicapped persons and the history of civil rights violations which they have experienced. The following areas are covered: (1) federal, state, and local civil rights statutes; (2) right to equal education opportunity; (3) right to equal employment opportunities and just payment for labor; (4) freedom to move about--architectural and transportation barriers; (5) right to treatment in a minimally restrictive environment, which includes the right to refuse treatment and to be free from experimentation, the right to live in the community, and the right to privacy and confidentiality; (6) right to vote; (7) right to marry, procreate, and raise children; (8) right to nondiscriminatory financial transactions; and (9) equal protection of the law. Appended are definitions of handicap; the United Nations Declaration on the

rights of disabled persons; federal compliance mechanisms; the 1976 Executive Order relating to nondiscrimination with respect to the handicapped in federally assisted programs; statements by consumer advocacy groups; chart of selected state statutes on employment rights; the court decision on the first 504 case and other case-related materials; and other commentaries on legal advocacy and federal legislation.

232 Riley, P. V. Family advocacy: Case to cause and back to case. Child Welfare, 1971, 50(7), 374-383.

Family advocacy combines knowledge of family needs with action to effect institutional change so as to assure that systems impacting upon families work for rather than against them. The family advocacy program of the Family Service Association of America is rooted in casework, and emphasis is placed upon a "case to cause and back to case" process. That is, a worker is confronted with a client whose problem is related to a condition in the community; intervention is directed toward this systemic condition; and once it is remediated and no longer hinders solution to the client's problem, the worker returns to the individual case and resolves the particular need. Extensive examples of this orientation are presented which illustrate several principles of advocacy: (1) use positive approaches and give credit generously; (2) help and support the system in achieving its own goals; and (3) be guided by perceptions of the consumer group. Many forms of advocacy may be adopted including the establishment of program services. Risk attends advocacy, but by assuming this role and building credibility, many benefits can be derived. Often, advocacy must begin within the advocate's own agency which must firmly commit itself to being responsive to its clients' needs.

233 Roach, L. T. Developmental disability advocacy projects. In G. J. Bensberg & C. Rude (Eds.), Advocacy systems for the developmentally disabled. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1976, pp. 70-87.

Overviews advocacy projects which were jointly supported by the Developmental Disabilities Office, Bureau of Education for the Handicapped, and National Institute of Mental Health. These programs operated under this definition of advocacy: "a system which intends to initially assess the needs of a particular target group; identify and assess the resources available to meet those needs; identify gaps between needs and resources; and determine essential strategies which will facilitate the satisfaction of those needs." The overall goal of the projects was to demonstrate advocacy programs which serve to improve the delivery of services to the disabled. More specific objectives and project phases are delineated, and the various advocacy activities of the sponsored programs are overviewed. The model types demonstrated included national, state, and community approaches, and preliminary conclusions based upon their operation are listed. Finally, it is recommended that such programs be monitored by citizens who are not involved in them.

234 Rogers, D. Ohio legal rights service. In G. J. Bensberg & C. Rude (Eds.), Advocacy systems for the developmentally disabled. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1976, pp. 162-166.

Demonstrates the purpose and functioning of the Ohio Legal Rights Service which was established by state legislation. This system of legal advocacy for the mentally retarded was mandated responsibility for protecting the rights of current, past, and potential residents of institutions. It is asserted that legal advocacy entails more than litigation and

that it can actually prevent litigation. Many endeavors of this program are related to individual client representation, but they also include system-level intervention. This approach makes use of such tactics as negotiation, investigation, and legislative advocacy. Litigation is also utilized as necessary. The primary problem of the Service is its budget which does not allow for enough staff to adequately serve institutionalized individuals. It is recommended that three factors be taken into consideration in developing a legal advocacy system: (1) it must be an independent unit specifically charged to represent the developmentally disabled; (2) it must be able to sue the state; and (3) it must be independent of service providers.

235 Roos, P. Rights litigation: A view from the private sector. In The rights of the mentally handicapped. A conference held in San Francisco, California, June 14-16, 1972, sponsored by U.S. Department of Health, Education and Welfare Regions IX and X, pp. 33-36.

Overviews the factors which led to the development of associations for handicapped children and the ways in which NARC differs from voluntary national health agencies. Many problems still exist which maintain the need for NARC, including professional mishandling and ignorance, poor residential facilities, exclusion of retarded children from school, and stigmatization. In spite of these problems, progress has been made in establishing understanding between parents (consumers) and professionals. Author notes that frequently the two groups are striving toward the same goals and work cooperatively to achieve them. In spite of this progress, there are several reasons why litigation may become a focal point of activity, i.e., consumers have gained strength, are becoming knowledgeable and developing expertise, are losing their timidity, and are becoming impatient. They are no longer begging, but demanding human rights.

236 Russock, V., Pattison, E., & Miller, J. Consumer involvement in communication activities. In G. Richman & P. Trohanis (Eds.), Perspectives on public awareness. Chapel Hill, North Carolina: Developmental Disabilities Technical Assistance System, 1976, pp. 53-60.

Report on the work of Eleanor Roosevelt Developmental Services (ERDS) which was established to develop comprehensive community-based services for DD children and adults. A major component of the program is to establish consumer involvement in the service delivery system to facilitate a "two-way" communication system between consumers and the community. After a brief historical overview of the mistreatment and abuse experienced by DD citizens, the report emphasizes the importance of consumer and community communication to assure the integration of service programs. Provides an overview of how each geographic team of ERDS operates as a consumer board who meet monthly with staff to act upon program planning, implementation and evaluation. Board also serves in an advisory capacity to determine service priorities and assist in public awareness and communication activities, serve as advocates, assist in planning in-service training for staff, and selection of key personnel. Finally, consumers are part of the paid staff of ERDS.

237 Schaaf, V., et al. People First: A self-help organization of the retarded. In J. Wortis (Ed.), Mental retardation and developmental disabilities IX. New York: Brunner/Mazel, 1977, pp. 249-250.

Brief overview of the beginning of People First of Oregon. Describes how developmentally disabled people planned their first convention.

238 Schwartz, R. Advocacy for epilepsy: A systems approach. National Spokesman, 1976, 9, 6.

Declares that persons at the local level can be active and effective advocates, and offers suggestions regarding relevant considerations and procedures. It is stressed that an advocate must be very knowledgeable about his subject and research it thoroughly. In addition, he must be familiar with both the system within which he operates and the system in which he intervenes, including its resistance to change. Also important in this regard is developing rapport and identifying common interests with personnel of the adversary system. An example of an advocacy activity is presented which incorporates all these factors and furthermore illustrates procedures which may be utilized. The type of advocacy discussed is based upon a systems approach which strives for cooperation and understanding; it thereby avoids dealing in personalities and egos. Finally, it is pointed out that advocates should be selective in the cases they accept. By so doing, they can establish a record of credibility both with their clients and target agencies.

239 Segal, B. The politicalization of deviance. Social Work, 1972, 17(4), 40-46.

Asserts that the meaning of deviance is becoming politicalized and discusses the implications of this change. When deviants are viewed as a social problem, decision making in their regard takes place in administrative forums, and the focus is upon helping people adapt to their environment. The purpose of this social regulatory approach is to maintain social order, and treatment and rehabilitation services are utilized to change the individual. On the other hand, when deviancy is seen as a

political problem, it is debated in the political arena, and attention is directed toward the political, economic, and social factors which affect it. Suggestion is made that deviant populations, such as the mentally retarded, are becoming politicalized and emerging as a social force. Professionals can play an important part in facilitating this politicalization process. For example, the definition of deviance is itself a political decision, and experts have ample chances to influence such decisions. The professional can act as an advocate for the consumer, and help provide him or her a power base which may facilitate consumer participation in many meaningful ways. So far, deviants are not organized and have no power to change institutions and communities, but politicalization and participation will change this situation.

240 Shaw, I. Consumer opinion and social policy: A research review. Journal of Social Policy, 1976, 5(1), 19-32.

A review assessing social work research which focuses on the opinion of the consumer of social services. Author's basic assertions are: (1) it is difficult to know when the consumer has been understood properly by researchers; and (2) that even when consumer views are known, it is difficult to utilize the views in forming policy. Notes that this body of research typically fails to offer prescriptions for action; methodology is descriptive and relies heavily on intensive interviewing as a technique of generating data.

241 Shore, M. F. Whither child advocacy? American Journal of Orthopsychiatry, 1971, 41(5), 798.

The federal government's involvement in child advocacy is noted, including the Joint Commission on Mental Health of Children's recommendation to mobilize the nation to promote child development and the joint funding by the National Institute of Mental Health and the Office of Education of six demonstration child advocacy projects. One means of implementing a commitment to child advocacy is examined in terms of organization and federal responsibility. This plan involves establishing state and local advocacy positions and, in turn, organizing these into a federalized advocacy network. As a means of making the entire system accountable to the people and of demonstrating a national commitment to children, it is suggested that the President periodically report to Congress on the state of children and needed action in this regard. This may be one way in which the child advocacy movement can be permanently integrated into society.

242 Sigelman, C. K. (Ed.). Protective services and citizen advocacy. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1974.

A series of papers is presented regarding advocating for and protecting the rights of developmentally disabled people. Chapters include the following: (1) Protective Services and Citizen Advocacy: An Introduction--raises some issues related to support systems such as potential conflicts of interest and overprotection; (2) Protective Services for the Developmental Disabled--discusses public protective service and citizen advocacy programs as alternative approaches to protecting the interests of the disabled; (3) Citizen Advocacy-Present Status and Implementation in Nebraska--describes

a model of citizen advocacy and its operation; (4) A Demonstration of Three Models of Advocacy Programs for Developmentally Disabled Children--presents an overview of the United Cerebral Palsy Associations, Inc. advocacy demonstration project; (5) Putting It Together in Ohio: Parameters, Definitions, and Alternatives for Protective Services--discusses the development and operation of the Ohio Protective Service Office; (6) Protective Service and Public Guardianship in Ohio--delineates in detail the functioning of the Ohio system and makes some preliminary observations regarding its experiences; and (7) Protecting the Civil and Human Rights of the Developmentally Disabled--critiques the concept of protective services and the Ohio Protective Service Law. Finally, an appendix presents a copy of the Ohio Protective Service Law.

243 Sigelman, C. K. Protective services and citizen advocacy: An introduction. In C. K. Sigelman (Ed.), Protective services and citizen advocacy. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1974, pp. 1-5.

Citizen advocacy and protective services are discussed within the context of deinstitutionalization, and it is suggested that developmentally disabled people in the community need help in addition to that available from service providers. In response to the needs of these individuals, four primary types of support have evolved: (1) follow-along; (2) advocacy; (3) protection; and (4) shelter. Issues which must be considered in regard to helping others include potential conflicts of interest between helper and client and the tendency toward overprotection. Present-day conceptions of advocacy and protective services for the disabled seem to stress limited authority and individualized service plans, but the problems are far from

being finally resolved. Consequently, it is recommended that methods of evaluating these services be developed which take into account quality of life factors and which can be used to determine the best ways in which the needs of the developmentally disabled can be met.

244 Sigelman, C. K. A study of consumer needs, circumstances, and attitudes (Annual Report #7, R-34). Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1978.

Main research objective is to determine whether a national consumer sampling approach is a feasible way of quickly determining the needs and attitudes of the retarded in such a way that national policy could be formulated based on the information received. Also concerned with determining the extent to which retarded persons are: (1) aware and utilize available community resources; (2) have the opportunity for decision-making regarding their life circumstances; and (3) the nature and quality of those life circumstances. To date, preliminary interviewing with institutionalized retarded chidlren and adults has been completed and provided the base from which to develop questionnaires to be used in assessing the feasibility of interviewing retarded persons across the IQ range. Literature reviews are nearly completed of communication skills of the retarded, response sets in interview research, and prevalence estimation. Preliminary analyses of data indicate a strong relationship between IQ and ability to respond appropriately to questions. Currently, interviewing of retarded children in the community and their parents is underway.

245 Sink, J. Trends in rehabilitation. Journal of Rehabilitation, 1977, 43(1), 36-40.

Briefly outlines the development of the rehabilitation program. Reports on the results of interviews with rehabilitation leaders in regard to the nature and direction of certain emerging trends. The following major trends in rehabilitation were identified and discussed: (1) most growth will occur in relation to vocational services for the severely handicapped; (2) emphasis will be on vocational rather than physical restoration services; (3) vocational services will have a more direct relationship to industry; (4) physicians and rehabilitationists will work together more closely; (5) there will be a reduction in the need for the traditional rehabilitation counselor-coordinator; (6) rehabilitation facilities will become community service centers; (7) residential centers will be utilized by those who are not yet ready for vocational services; (8) there will be increased interagency cooperation; and (9) consumer input will continue to have extensive influence. Various procedures for implementation will include expansion of roles and numbers of rehabilitation workers; staff training; modification of existing programs; development of new programs; and shifting of funding patterns. It is concluded that the major goal will remain vocational and social independence for all who have the desire and potential.

246 Skarnulis, E. Noncitizen: Plight of the mentally retarded. Social Work, 1974, 19(1), 56-62.

Aimed at social workers, a discussion on the historical and current practices whereby mentally retarded citizens have been denied their human and civil rights. Focuses on the rights of parents and professionals as

perpetuants of the oppressive plight of the retarded, as well as stereotypical notions held by the public. Sites individual cases to demonstrate the emotional neglect and abridged rights experienced by retarded persons and their fate for an institutionalized existance. Calls for social workers to discontinue the referral of retarded persons to dehumanizing programs, and become involved in court action on the grounds of emotional neglect as well as physical neglect they see their retarded clients experiencing.

247 Sloane, D. Consumer perspectives of advocacy: A panel discussion. In G. J. Bensberg & C. Rude (Eds.), Advocacy systems for the developmentally disabled. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1976, pp. 133-146.

Presents the views of four disabled consumers as they relate to the establishment of protection and advocacy systems for the developmentally disabled. The discussion is premised upon the belief that service clients have a right to speak on their own behalf and that an advocacy system must help and allow them to act as their own advocates. The ideas explored include the following: (1) retarded persons can speak for themselves; (2) retarded persons have needs for legal advice, help in practical skills, and friendship; (3) there is a great need for education about and acceptance of the autistic; (4) programs, including respite care, are needed for autistic individuals; (5) persons with epilepsy must learn to advocate for themselves; (6) advocates must maintain their credibility; (7) there is a vast difference between enacting legislation and implementing it; (8) alternative methods of eliminating architectural barriers should be explored; (9) problem solving should start in one's home community; and (10) effective advocacy requires marketing skills.

248 Smiley, C. W., & Braik, M. C. Citizen advocacy in a mental retardation unit. Canada's Mental Health, 1972, 20(2), 18-22.

Describes the first citizen advocacy program in Canada that was initiated by an institution staff. It began with an intensive publicity campaign which included use of the news media and presentations to community groups by hospital staff and residents. It is explained that a citizen advocate is a volunteer who assists a retarded individual in solving his practical, legal, and social problems. The program was based upon Wolf Wolfensberger's citizen advocacy model, and four categories of advocates were designated: (1) the individual friend; (2) the group friend; (3) the family friend; and (4) the nuclear family friend. An example is presented illustrating one such relationship. Observations derived from a few months' operation of this project suggest the following conclusions: citizen advocacy is most effective with educable retarded persons who have absent or inadequate family ties and who are prepared for deinstitutionalization, and advocates must be stable members of the community. Finally, it is noted that many persons were interested in becoming advocates and that advocacy was effective in reducing return to the institution after release and in rehabilitating the retarded for a normal existence.

249 Stapleton, M. The National Center for Law and the Handicapped, Inc. Rehabilitation Counseling Bulletin, 1976, 19(4), 620-621.

Brief summary of the functions met by staff at the National Center for Law and the Handicapped, Inc., in South Bend, Indiana. A multidisciplinary team of social scientists and lawyers provide legal assistance, research, and public education. The center assists handicapped people to

maintain their rights under federal and state constitutions and laws. It also provides advice, assistance, or referral to individual requests and offers publications, pleadings, and the use of its resource library to the public.

250 Stapleton, M. Rights to equality for disabled persons under federal and state law. Rehabilitation Counseling Bulletin, 1976, 19(4), 597-606.

Despite the fact that handicapped persons have the same rights as all other persons under the constitution and laws of the U.S., in actuality they continue to face discrimination. Provides a comprehensive overview on the current federal legislation guaranteeing the educational, employment, transportation, accessibility rights of handicapped persons. Summarizes the public laws reflecting each area and cites important cases, e.g., Jane Snowden et. al. v. Birmingham-Jefferson County Transportation Authority and William T. Coleman, Jr., to illustrate the legal struggle involved in implementing laws providing the foundation for equal opportunity for handicapped persons. Also summarizes intent of Section 504 of the 1973 Rehabilitation Act, a broad governmental policy that programs receiving federal financial assistance shall be operated without discrimination on the basis of handicap. Concludes that unless handicapped persons and consumers demand the enforcement of these laws their existence is pointless.

251 Stedman, D. Advocacy. In J. Paul, P. Trohanis, & J. Adams (Eds.), Training for DD council orientation. Chapel Hill, North Carolina: Developmental Disabilities Technical Assistance System, 1976, pp. 19-28.

Overviews some of the problems facing advocates for the developmentally disabled and characteristics needed by them. It is stressed that advocates must be skillful, and suggestions are made for achieving effectiveness.

For instance, an advocate must have both passion and competence. He should not work alone in a vacuum, operate on an "all or nothing" basis, over-intellectualize presentations, fight against his group's consensus, or rely on insincere politically-opportunistic people. On the other hand, advocates for the developmentally disabled should demonstrate persistence, firmness, and enthusiasm as well as be rewarding to those who have helped. Furthermore, some principles which should be followed include the following: (1) move smoothly from one activity to another; (2) build political goodwill, then use it; (3) act with assurance and authority; (4) take advantage of given opportunities; and (5) know your business. Thus, advocates should wisely choose their behaviors and be enthusiastic as well as competent in order to advance their mission.

252 Steinbock, E. A., Beermann, L. L., Bellamy, G. T., DiRocco, R., Foss, G., & Friedland, M. Civil rights of the mentally retarded: An overview. Law and Psychology Review, Spring 1975, pp. 154-178.

Overviews legislative and judicial involvement in the field of mental retardation. This involvement is based on the legal concepts of power of the states, landmark decisions, and the Fourteenth Amendment. Four major areas are examined. First, the area of fair classification is discussed in terms of: (1) the effects of the "mentally retarded" label in regard to education, vocation, personal considerations, and marriage and family; (2) various state classification systems; (3) the legal utility of these systems; and (4) possible alternatives to them. The second major area examined is right to education including requirements for certification as mentally retarded, legal requirements regarding special education classes, and denial of education. Third, right to treatment in institutional settings is discussed

in terms of the constitutional right of committed retarded persons to effective treatment and/or habilitation, judicially discoverable and manageable standards for determining the adequacy of an institution's services, and the capability of courts to order adequate treatment. The final area covered is familial and personal rights, including right to marriage, termination of parenthood, and sterilization.

253 Stevens, C. M. Voice in medical-care markets: Consumer participation <u>Social Science Information</u>, 1974, <u>13</u>(3), 33-48.

Discusses the concept of consumer participation as it may be used to map consumer preferences into market performance. The medical-care market is the focus for this analysis. States that need is determined by professional standards and that there is much uncertainty as to the quality of the product. The consumer generally delegates choice to the physician who in effect defines demand. Given the nature of the choice, compromise of consumer sovereignty may be the most self-serving alternative for the consumer. However, consumers may not be satisfied with this situation, especially since medical services frequently include nonmedical features and there is a need for protection from profiteering. Suggests facilitating the effective practice of consumerism by upgrading the consumer's proficiency in his sovereign marketeer role. An important aspect of this effort is informed consent/full disclosure. Consumer may also want modification of the market structure where consumers are lay participants in the management of the delivery system. A consumer advisory committee could be the focus for development of grievance procedures which include collective bargaining and binding arbitration features. Such means could help to map consumer preferences into the performance of medical-care markets.

254 Stockdale, L. A legal advocate's experience. Amicus, 1976, 2(1), 27-32.

Presents the viewpoint of a legal advocate regarding problems and their potential solutions of low-income developmentally disabled persons. The author's perceptions are based upon experiences in working with Project Impact, a program sponsored by the National Association for Retarded Citizens to promote outreach endeavors for poor handicapped people in the southwest United States. It is pointed out that low-income and ethnic minority disabled persons pose unique problems in assuring their rights. These include: (1) lack of awareness of available services; (2) culturally-determined attitudes opposed to seeking services for a handicapped member; and (3) a plethora of problems which have priority over the needs of an exceptional child. In addition, various areas of legal problems are identified. One of these is the undefined legal status of community care facilities in relation to their clients. Another area of concern is the non-existence of a system of legal advocacy adapted to the needs of this population. The final problem mentioned is lack of understanding of the unique needs of native Americans living on reservations. Several suggestions are made related to needed improvements in helping low-income developmentally disabled persons. Particular stress is placed upon the need for organized parent education and the development of legal advocates who are competent to work in this field.

255 Sunley, R. Family advocacy: From case to cause. Social Casework, 1970, 51(6), 347-357.

Overviews aspects of a family advocacy program and the social worker's responsibility to take action on behalf of his clients. Focusing upon advocacy, the case interview must serve the purpose of obtaining accurate

information from the perspective of the person being served and reflect a commitment to him. In addition, social and legal factors must be taken into consideration. After the case is evaluated, an appropriate form of intervention must be selected. This may include one of the following: (1) studies and surveys; (2) expert testimony; (3) case conferences with other agencies; (4) interagency committees; (5) educational methods; (6) position-taking; (7) administrative redress; (8) demonstration projects; (9) direct contacts with officials and legislators; (10) coalition groups; (11) client groups; (12) petitions; (13) persistent demands; or (14) demonstrations and protests. The method of intervention will relate to one's objectives, nature of the issue, and the adversary. The effectiveness of social work advocacy depends upon the commitment of the agency and a structure which supports the commitment. It is concluded that family advocacy can effect change both at the case and system levels and that it is needed to improve the social environment of families.

256 Taebel, D. A. Strategies to make bureaucrats responsive. Social Work, 1972, 17(6), 38-43.

Increased political activism of American citizens is noted along with the observation that the political system, and especially the bureaucracy, remains unresponsive. In analyzing the cause of this situation, it is suggested that "street-level" bureaucrats face the following stresses: (1) inadequate resources which results in unequal client treatment; (2) physical and psychological threats which conflict with the bureaucrat's desire to have control over his clients' lives and which generate mutual hostility; and (3) role conflict in which clients do not have a significant role and therefore results in divergent expectations. Author suggests that client groups generally use one of two strategies in advocating for bureaucratic responsiveness: (1) application of political pressure on the bureaucracy

with the assumption that pressure will cause bureaucrats to treat clients better; and (2) advocating decentralization of the bureaucracy down to the neighborhood level, assuming that a local bureaucracy will be the most responsive. States that neither of these strategies is effective and that the assumptions underlying them are wrong within the context of the bureaucratic stresses. Alternative strategies are recommended, based upon the assumption that "the more dependent the client is on the bureaucrat, the more unresponsive the bureaucracy will be." These include: (1) establishment of a competitive structure; (2) making more diversified and positive input into the system; (3) development of self-help programs to reduce client dependency; and (4) elimination of unresponsive bureaucratic agencies.

257 Thoben, P. J. Disabled people march for civil rights. Rehabilitation Record, 1972, 13(5), 24-26.

Describes a demonstration of disabled persons in Washington, D.C. in 1972, the purpose of which was to deliver a proclamation to Congress and to stimulate public awareness. Participants were mostly members of organized disabled groups and employees of D.C. area agencies. There was minimal response from congressmen or the press. Assertion of civil rights by the disabled was met with mixed feelings by both the public and disabled themselves. Violation of human rights was behind the demonstration, including those of education, employment, public transportation, and housing. Civil rights legislation was advocated as an effective mechanism for protection of rights.

258 Thoben, P. J. Civil rights and employment of the severely handicapped. Rehabilitation Counseling Bulletin, 1975, 18(14), 240244.

Handicapped citizens joined the civil rights movement of the 1960's to fight for their human and civil rights. Discriminatory admission policies and architectual barriers deny handicapped persons educational opportunities. Persons who do manage to acquire an education are frequently denied work opportunities due to disabilities unrelated to their job performance. In the Spring of 1972, severely disabled persons marched six miles in Washington, D.C. to demonstrate their grievances and call for social, economic, and political change. This was only a beginning. Handicapped persons must take active responsibility to change their unequal status. Passage of the Rehabilitation Act of 1973 has brought promise in bringing about equilibrium to the world or work of the disabled. Federal agencies and private employers under federal contracts must take affirmative action in hiring, placing, and advancing handicapped individuals in employment. Further, the Architectural and Transportation Barriers Compliance Board will serve to enforce compliance with the Architectural Barriers Act of 1973, and recommend to the President and Congress legislation or administrative direction to eliminate barriers. However, legislation is only part of the process and far from the end of the struggle. To achieve equal status for handicapped citizens, it is they who must accept major responsibility in the process.

259 Thomas, G. The initiation of Nebraska's first two advocacy services. In W. Wolfensberger & H. Zauha (Eds.), Citizen advocacy and protective services for the impaired and handicapped. Toronto: National Institute on Mental Retardation, 1973, pp. 33-41.

Illustrates the need of retarded persons for an advocate who will help them merge into society, and overviews the efforts of the Nebraska Office of Mental Retardation to develop community support systems in conjunction with community services. Initially, decisions were made to use volunteers and that supportive services should be independent of service deliverers. The Wolfensberger citizen advocacy model was adopted, and the Capitol Association for Retarded Children agreed to sponsor an experimental program which was the first citizen advocacy program in the country. Functions were designed and accepted, and funding was procured. Care was taken to insure that the support activities remained free of conflict of interest with those responsible for service delivery. At about the same time, a second citizen advocacy program was started in Nebraska which was under the auspices of the Youth Association for Retarded Children, and it operated in relation to an institution for the retarded. It too was concerned with maintaining independence, and in addition to advocacy goals, it was seen as a means of interesting young people in working with retarded persons and educating the public.

260 Thorne, G. Government and advocacy. In G. J. Bensberg & C. Rude (Eds.), Advocacy systems for the developmentally disabled. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1976, pp. 167-174.

Overviews the functioning of government and the role of advocacy within it. Government systems, activated by bureaucrats, are ultimately accountable to the public and must be responsive to it. The multitude of bureaucrats is an advocate for the system, and, given the frequent unresponsive-

ness of government to its clients, there needs to be an external advocacy bureaucracy to intervene on behalf of unrepresented consumers. Advocates have a responsibility to build a future for their constituents, and, in order for this to happen, there must be meaningful dialogue based on trust between advocates and the system. Government is not all bad, and there exist internal accountability mechanisms. Monitoring and advocacy will work only if they are for the purpose of improving government. The developmentally disabled need advocates both within and outside of the system, and their interests will be adequately represented only if relationships between internal and external advocates are based upon communication and education.

261 Thursz, D. Consumer involvement in rehabilitation. Rehabilitation Record, 10(5), 1-4.

Describes the unresponsiveness of service systems, and asserts that a major reason for involving consumers is for them to influence the way the rehabilitation program is organized. Four functions of consumer involvement within the system are discussed: (1) planning and policy determination; (2) provision of service as employees of the service system; (3) funding of specific programs to be directed and staffed by consumers; and (4) establishing an advocacy program within the service system.

262 Turnbull, A. P., Raper, A., & Mosibou, G. B. University students with special needs speak out: Improving the quality of education experiences. Rehabilitation Literature, 1978, 39(10), 294-298.

Indicates the utility of consulting handicapped university students regarding how the quality of educational experiences can be improved by integrating children with special needs into regular classrooms. Twenty-nine university students with special needs were interviewed to determine

their views on how their education and social experiences in school may have been improved and how they would set up a program for children with special needs. Their recommendations fell into three groups: (1) the setting of educational experiences; (2) improving the scope of educational experiences; and (3) improving the quality of educational experiences. Although most of the students interviewed preferred attendance at a regular (as opposed to specialized) classroom, they pinpointed a need for counselors to help handicapped students to develop "coping skills" to handle teasing and name-calling from other students. They also indicated a need for helping handicapped students to deal with over-protection from parents, and social and psychological problems faced in developing attitudes about self and relationships with peers. Several suggestions are provided to teachers of young children with special needs that could improve the quality of the child's education, e.g., understanding a child's diagnosis, and avoiding use of the handicap as an excuse for not trying or producing poor work.

263 Turnbull, H. R., III. Parent and professional advocacy for handicapped children. In D. P. Cansler, G. H. Martin, & M. C. Valand. Working with families: A manual for early childhood programs serving the handicapped. Chapel Hill, North Carolina: Kaplan Press, 1975, pp. 131-137.

Asserts that the treatment of handicapped persons is being drastically affected by the concept that such individuals have rights. This has resulted from court decisions based upon the constitutional principles of procedural due process, substantive due process, and equal protection of the law. The litigation which has successfully used these principles has established the right of the handicapped to an appropriate, free, public education and the right of institutionalized individuals and out-patient clients to receive

appropriate services. In this regard, the role of advocacy is discussed in terms of identifying and securing rights and interests of handicapped clients. A distinction is made between rights and interests, and its implications for relationships between an advocate and client and advocacy strategies are described. Within this context, three separate roles are suggested as part of the advocacy orientation. These are partnership with parents, alliance with service providers, and advocacy for a child. It is stressed that advocates must know what their client's interests and rights are and means of securing them.

264 Twiname, J. D. New directions in public welfare. Public Welfare, 28(1), 35-40.

Advocates and explains the Family Assistance Plan being proposed by the federal administration. Its goals are to: (1) establish a national minimum for payments and standards; (2) cure inequities favoring female-headed families; (3) encourage family stability through work incentives; (4) maintain eligibility for fully-employed families which are below the poverty line; (5) simplify the administrative structure; and (6) relieve the state and local fiscal burden. Author states that there is strong opposition to the existing social service program, and suggests that social services should be under local governments. Development of this approach may be aided by separating the social service and income maintenance organizations, encouraging local experimentation, and working toward inter-agency collaboration.

265 U.S. Department of Health, Education and Welfare, National Institute of Handicapped Research. Client Assistance Projects mediate between clients and the system. Rehab Brief Bringing Research Into Focus, 1979, 2(10), 1-4.

A brief overview of Client Assistance Projects (CAPs) which are in current operation. Congress established CAPs through the 1973 Rehabilitation Act to provide a mediator between clients and state VR agencies for the purpose of assisting clients having problems with VR services. Currently, there are 17 CAPs located in all 10 HEW regions. CAPs vary in administrative and service approaches, based on state and local needs, but share objectives to: (1) assist in solving client problems; (2) promote change in state VR agencies to improve service delivery system; and (3) provide public information at state and local levels regarding available services and clients' rights under the Rehabilitation Act. This brief focuses on CAPs of four states--Tennessee, Virginia, Florida, and Minnesota. These states have established CAPs and have annual data to report. Other states have very new projects with no annual data. Tennessee and Virginia deliver a wide range of ombudsman services. Florida CAPs contract with community organizations which represent handicapped people throughout the state. The Minnesota project is distinguished by the degree of leadership and policy control which is placed in the hands of consumers.

266 U.S. Department of health, Education and Welfare, Rehabilitation Services Administration, Office of Human Development Services. Affirmative action for the disabled adds new role for VR professionals. Rehab Brief Bringing Research Into Focus, 1978, 1(7).

Discusses legal requirements for affirmative action designed to assure the disabled a right to equal employment opportunities. Affirmative action programs may be limited by employers' attitudes and disabled

persons' lack of knowledge and inability to use the law. Rehabilitation professionals have a responsibility to facilitate the implementation of the law by working with both disabled persons and employers. Affirmative action is explicitly defined, and sections 501, 502, 503, and 504 are described. It is pointed out that Department of Labor regulations require affected employers to seek compliance assistance from VR agencies and facilities, as well as encouraging them to participate in specialized employment programs. A number of "do's" and "don'ts" are listed to help VR counselors in acting as technical advisors in encouraging employers to understand and utilize handicapped employees. In addition, it is suggested that VR professionals should act as change agents in modifying community attitudes toward handicapped persons, and various means of playing this role are suggested. Educational activities related to affirmative action are encouraged. Also, counselors should be advocates for the disabled, and in order to do so, they must understand the influences affecting a client's ability to participate fully in society. Affirmative action should be discussed with the client in conjunction with his IWRP development. Also discussed with the client should be other Title V protections. Finally, some resources available on affirmative actions are mentioned.

267 U.S. Department of Health, Education and Welfare, Rehabilitation Services Administration, Office of Human Development Services. National summary of Client Assistance Projects. Washington, D.C.: DHEW, March 1978.

First Annual Report to Congress on the Client Assistance Program (CAP), authorized under Section 112 of the Rehabilitation Act of 1973. Summarizes the reports of 19 individual CAP projects. Data and experiences reflected in this summary refer to two years of program activity. Included is: (1)

an overview of staff qualifications; (2) a brief description of varying administrative approaches in the operation of CAPs; (3) a listing of different approaches in developing two-way communications between project staff and regular agency staff; (4) a number of outreach methods designed to inform all clients and client applicants that client assistance services are available in the area covered by each project; (5) highlights regarding CAPs and community agency relationships; (6) examples of CAPs entering into cooperative arrangements with institutions of higher education to secure services; (7) an account of the differing methodologies used by these 19 pilot projects; and (8) a summary of the services provided by the CAPs. An analysis of the impact of these projects is offered. Highlights of the impact statements include: (1) Strengthening and development of awareness and sensitivity on the part of counselors, and regional and central office administrative personnel; (2) development of a followup procedure to speed up services and study client satisfaction/dissatisfaction; (3) twice as many clients utilized the project in the second year. Policies never before questioned that have been shown to impede service delivery were reviewed and revised by the state administrator; (4) primary impact has been one of forcing a distinction between restrictive, conservative local practices and actual state policy; and (5) procedural manual and forms covering administrative reviews and fair hearings have been developed and instituted on statewide basis. Clients have re-entered program because of more definite understanding of their own responsibilities resulting in more positive results. Concludes that it was too early to attempt a complete summary and analysis of this statistical information.

268 U.S. Department of Health, Education and Welfare, Rehabilitation Services Administration, Social and Rehabilitation Services. The utilization of consumer groups: Citizen involvement. In Selected approaches to expedite the delivery of vocational rehabilitation service: A training resource. Washington, D.C.: DHEW, 1971, pp. 85-103.

Report from a study group on selected approaches to expedite the delivery of vocational rehabilitation services. Covers a broad base of topics relating to consumerism. Following a brief statement on the impact of early voluntary agencies in providing funds and services for the disadvantaged and disabled, an elaborated discussion explains the current role of advocate and citizen participation in vocational rehabilitation. Provides an overview of legal and regulatory sanctions mandating consumer involvement in advisory and program planning at the federal and state level. Discusses the effectiveness of current consumer-advocacy activity with reference to several changes and program developments which have occurred in rehabilitation. Endorses the importance of client participation in planning the rehabilitation process if he or she is to retain or regain the ability for self-care and self-determination. Summarizes the efforts of a Social and Rehabilitation Service task force to define the "state-of-the-art" of consumer involvement including that group's analysis on how client participation and enrich the goals of vocational rehabilitation. Calls for more consumer involvement in planning and programming including the development of citizen corporations that would sell rehabilitation services to state agencies. The thrust of this model is based on the importance and success of peer groups in rehabilitating certain groups. Recommends direction for consumer involvement in the 70's including the following: (1) establishment of a state vocational rehabilitation agency Advisory Committee on Services whose membership

would be comprised of one-third handicapped consumers; (2) reorganize state districts and regions to reflect greater emphasis on establishment of field offices in urban and rural areas of poverty; (3) utilize existing local resident advisory boards concerned with service delivery. Stresses the importance of advocacy systems and the role of volunteers in provision of services. Emphasizes the importance of community education efforts to inform the public about the state and local rehabilitation needs of the disabled. Indicates the promise of community involvement such as prevocational classes sponsored by volunteers.

269 Van Til, J. Reconstruction or redistribution: Which way for welfare rights? Social Work, 1971, 16(4), 58-61.

Analyzes and compares the welfare rights organizations in New York and Pennsylvania. In Pennsylvania, the organization places emphasis on maintaining good human relations, preserving civility, and avoiding conflicts whenever possible. Its basic goal is educating the public, and it seeks redistribution of resources in terms of procuring more money and services for welfare recipients. The tactics utilized tend to fall somewhere between collaboration and violent opposition. In regard to its effectiveness, the organization is credited with the increased numbers of qualified persons applying for welfare and raises in the payment level. Involved officials are open to communication with the goup and see it as an important pressure group. In contrast, the New York organization confronts an insensitive welfare bureaucracy and often intervenes by means of aggressive, militant tactics. A major purpose is alteration of the system. Status quo payment levels have been maintained in spite of strong political opposition. However, the organization's role in relation to

this is uncertain. Author concludes that both approaches may be effective. Suggests that a group seeking income redistribution and willing to work with officials who share the same goal can be at least as effective as a group which is completely disaffected. Finally, questions are posed for further investigation relating to the contribution of welfare rights organizations to social change in general.

270 Van Til, J., & Van Til, S. B. Citizen participation in social policy: The end of the cycle? Social Problems, 1970, 17(3), 313-323.

Discusses various forms of citizen participation within the context of the urban renewal and community action programs. Six types of participation are described based upon the two dimensions of participation of elites and nonelites and administrative or political concerns: (1) elite coalition; (2) politics of reform; (3) citizen advice; (4) pluralist participation; (5) client participation; and (6) grassroots participation. Initially, the urban renewal program used the elite coalition model, whereas the poverty program sought to involve the nonelite in maximum feasible participation. The history of these programs indicates an evolution through participation models, moving toward pluralist participation. In practice, the concept of nonelite participation generally has failed, especially in the political arena. A situation remains in which the parties with economic power do the planning, and the nonelites may accept or reject. Most analysts conclude that stalemate of citizen groups and the political elite is likely on both administrative and political issues and that citizen participation thus becomes essentially meaningless. Even though it appears that citizen participation has failed, the authors recommend development of a fully democratic urban pluralism based upon

new institutional forms that truly represent the interests of the poor and which embrace these interests in the total political and social structure.

271 Varela, R. A. Self-advocacy and changing attitudes. In G. Richman & P. Trohanis (Eds.), Public awareness viewpoints. Chapel Hill, North Carolina: University of North Carolina, Developmental Disabilities Technical Assistance System, 1978, pp. 27-35.

Critical discussion of the stigmatizing implications of processing handicapped people through "special" programs, evaluation, agencies, and clinics. Stresses that the current focus is to change the disabled person rather than the oppressive nature of the "processing system" and general societal attitudes. Indicates the stigmatizing effect of telethons that tend to "sell the horror of disability," and public service announcements that reinforce a helpless and pitiful condition of handicapped people. Calls for development of the disabled self-advocacy movement which aims at changing inequities of the system through legislation and litigation, changing negative attitudes of rehabilitation counselors toward clients, and self-help organizations such as Berkeley's Center for Independent Living. Disabled people must become "partners in public advocacy" just as they have been allowed to participate in policy making and service delivery. Finally, it is necessary to build a strong constituency of advocates and consumers who are dedicated to impact on the federal/state Vocational Rehabilitation system to make it more responsive to consumer views. Cooperative efforts of parents, advocates, and service providers have resulted in successfully pushing appropriations through Congress. As the self-advocacy movement develops, attitudes and rules will be under continual pressure to change.

272 Varela, R. A. Self-help groups in rehabilitation. Washington, D.C.: The American Coalition of Citizens with Disabilities, 1978.

Traces the history of the civil rights movement for disabled persons. Examines the origin of the trend toward consultation of disabled persons and their advocates in policy making on the federal and state levels in rehabilitation programming. Analyzes the legislative history of the landmark Rehabilitation Act of 1973 which sheds light upon the foundations from which Chapter 25 of the Rehabilitation Services Manual emerged. Examines ways state agencies have attempted to implement the consumer involvement mandate and discusses techniques and procedures which have proven highly effective. Stresses the pivotal role played by organizations of disabled people in policy consultation. Throughout this handbook, the author grapples with difficult issues, such as the definition of the term "consumer," the relationship between citizen and the state, the meaning of consumer participation, and the tension between bureaucracy and advocacy organizations. Offers specific suggestions both consumers and professionals will find helpful in the task of effecting meaningful consumer involvement in rehabilitation. Provides insight as to what mentally able handicapped people have done to help themselves and discusses the policy implications of this movement.

273 Vattano, A. J. Power to the people: Self-help groups. Social work, 1972, 17(4), 7-15.

Recognizes the new "power-to-the-people" movement which advocates broad democratic participation in social service delivery and the related emergence of self-help groups. This new activism and ivolvement can be traced to the following developments: the population increase that has

exacerbated the shortage of health and welfare professionals; ineffectiveness of professional services; a new sense of egalitarianism; and the effectiveness of self-help groups in facilitating change. The power-to-the-people movement is reflected in the clincial setting by such groups as Alcoholics Anonymous, Synanon, integrity groups, and encounter-sensitivity training groups. These are primarily concerned with treating individuals for various emotional and behavioral problems. On the other hand, social groups focus upon environmental and social concerns. They are exemplified by community organization and welfare rights groups. This movement has important imlications for professionals. In regard to practice, the professional can perform certain functions within the self-help group such as facilitation, research, and theory building. In regard to education, professional schools should recognize clients as colleagues and adjust their training accordingly. Suggests areas for revision in curriculum of graduate programs in social work.

274 Ward, S. A. Components of a child advocacy program. Children Today, 1972, 1(2), 38-40.

In 1970, the Joint Commission on Mental Health of Children recommended the establishment of a nationwide system of child advocacy councils. Within the framework of this proposal, it is suggested that child advocacy be considered in terms of the following components: (1) means of determining and understanding the needs of children in the community; (2) procedures for supporting families and communities in their efforts to provide services; (3) specification of the role and responsibilities of community child advocates; (4) gathering, collating and disseminating information regarding the best methods of delivering services; (5) delineation of the service

provision responsibilities of each institution as well as of ways in which institutions can cooperate and coordinate their efforts; and (6) determination of means by which advocacy councils at all levels can best support community endeavors. The concept of child advocacy, as embraced by these considerations, implies that families bear the primary burden of providing services for their children. It is, however, necessary for communities to lend assistance to them and for the nation as a whole to make a significant commitment to the well being of children.

275 Warren, F. Role of the consumer in planning and delivering services. In DD themes and issues: A series of topical papers on developmental disabilities. Chapel Hill, North Carolina: University of North Carolina, Developmental Disabilities Technical Assistance System, February 1978, pp. 3-11.

Discussed are some roles for consumers in planning and delivering services and the identification of issues related to those roles. First, the author defines the consumer as the focus for people in the business of providing assistance for developmentally disabled individuals. When a service is provided for a DD child or adult who is in the care of another person, family or guardian, it becomes a service for those people as well as the disabled child or adult. Thus, consumers are disabled people as well as advocates for disabled people. Notes the need for cooperation and mutual trust between the consumer and the professional in his statement: "The consumer cannot know everything the professional has learned after years of study. It is equally true that the professional cannot know everything the consumer has learned after years of being, or living with, a developmentally disabled person, often being put down, turned down and cooled out by insensitive professionals who will not or

cannot admit it, and by the bureaucratized service system." Author suggests the professional should take the cooperative initiative since they are organized, have the mandate to provide services, and are supposed to have the ability and the access to technical knowledge. Consumers should approach professionals with tact and a persistence from a standpoint of strength, and as if they were potential friends and allies. Consumers must join together and direct all of their energies toward changing the laws, attitudes, systems, and individuals who are suppressing them. Organizations can take a number of forms ranging from small parent groups to alliances of existing consumer organizations. Guidelines are offered for consumers attempting to develop an effective organization. Author is a strong proponent of the position that consumer organizations must form alliances. Stresses how through an alliance of consumer groups or joint action strong leadership can be brought together, areas of common interest can be discovered, and planned unified actions can benefit all those concerned. Another major role for consumers is the constant monitoring and evaluation of service systems and programs. Consumers should also serve on advisory boards.

276 Welter, B., Haanna, J., & Kitch, R. Self-advocacy: A basic right. Lawrence, Kansas: University of Kansas, Kansas University Affiliated Facility, 1978.

A short manual which discusses important elements needed to plan and organize a self-advocacy organization. The development of People First of Kansas (PFK), a self-advocacy group, is traced to demonstrate strategies and tactics which can be taken in such an endeavor. A brief history of the origin of People First in Oregon is provided. The philosophy of People First as a self-advocacy organization, the role of the

professional in its development and operation, and the importance of consumer control are briefly addressed. Suggestions for planning a self-advocacy conference are given based on a Kansas People First Convention sponsored by the Kansas University Affiliated Facility (KUAF). Style and format of information presented in this manual is geared toward professional audiences and handicapped people who are mentally able.

277 Wiegerink, R., & Posante-Loro, R. Consumerism. In J. F. Paul, D. J. Stedman, & G. R. Neufeld (Eds.), Deinstitutionalization: Program and policy development. Syracuse: Syracuse University Press, 1977, pp. 63-79.

Authors provide a brief historical perspective of the development and provision of services and consumer involvement for the mentally retarded. In the 1940's and 1950's, parents of the mentally retarded were forced to provide for their own needs. Gradually, they began to contract with professionals for service, and were eventually almost totally excluded from the services offered by the professional community. In the 1960's parents were once again recognized as their children's first and foremost teachers. Local, state, and federal governments began to suggest and eventually require the involvement of parents in services for their children. Authors discuss the impact of recent legislation and litigation on this movement toward consumer involvement. Note that consumers have had an active role in the creation and passage of legislation. Suggest that current legislation has a bias toward consumer involvement and consumerism as evidenced by the role of professional and consumer partners in decision making, monitoring, and service delivery. Addresses a number of model programs, e.g., early intervention, prevention, and mainstreaming programs, and highlights the role parents have had in each. Author stresses that to

be successful, consumers must take purposeful action at a number of important levels, which include: (1) presenting their needs within the framework of governmental policy-making; (2) pursuit of new legislation and increase in appropriation to support current legislation; (3) continue their battles in the courts for clarifications and expression of their rights to fair treatment, education, privacy, and mobility; and (4) finding new and expanded roles in planning, monitoring, evaluating, and providing services.

278 Wineman, D., & James, A. The advocacy challenge to schools of social work. Social Work, 1969, 14(2), 23-32.

A responsibility of social work advocacy is to challenge dehumanizing social relationships which in fact are based upon captor-captive roles. Such conditions, which include physical abuse, psychic humiliation, sexual traumatization, condoned peer abuse, chronic exposure to boredom, inappropriate groupings, unjustified use of punishment, imposed work routines, and violations of privacy, preclude any rational use of social work technology. Traditionally, as students confront and report on such situations in the field, their teachers fail to deal with them in any meaningful way and instead rely on responses such as avoidance through instant cliches, avoidance through the emotional control demand system of the professional model, and obsession with big-system change magic. Rather than this abdication of involvement, it is asserted that schools of social work "must back their students in unflinching criticism and attempts at changing the settings they are in when those settings hurt the people they (and the schools) serve." The school has the power to support the student as opposed to the agency, and it may itself need to become an active change

agent. As it begins to implement its support for student advocacy against client dehumanization, informality, simplicity, and protection of the client's right to self-determination should be key ingredients. As schools promote an advocacy orientation, the groundwork is laid for a professional identity which incorporates this predisposition.

279 Wolfensberger, W. Normalization via citizen advocacy. In The principle of normalization in human services. Toronto: National Institute on Mental Retardation, 1972, pp. 216-221.

The history of the treatment of the handicapped is traced from institutionalization to protective services to citizen advocacy. Citizen advocacy is a schema in which competent volunteers represent the interests of disabled people; relationships are established on a one-to-one basis, are of long-term duration, and are structured in terms of individual needs; and the programs are supported by a stable administrative mechanism. Advocacy roles may be either formal or informal and may stress either emotional or problem-solving support. Thus, many types of persons can benefit from an advocacy relationship. Essential to the success of a citizen advocacy project is a well-ordered advocacy office which facilitates its operation by way of recruitment, training, and technical assistance. Two citizen advocacy programs operating in Nebraska are described for the purpose of demonstrating the workability of the model. It is emphasized that the citizen advocate's loyalty must be directed exclusively to his protege, and both individual advocates and total advocacy undertakings must be independent of the service delivery system. In sum, it is suggested that citizen advocacy is one means of implementing the normalization principle.

280 Wolfensberger, W. Voluntary citizen advocacy in the human services. Canada's Mental Health, 1972, 20(2), 14-18.

Points out that protective services and advocacy provided by service agencies are likely to be limited in scope and effectiveness. This is due to such factors as discontinuity in personal relationships with clients, rigidity, restricted mandates and options, and conflicts of interest. As an alternative, citizen advocacy is proposed as a means of making available needed assistance while avoiding the drawbacks of service agencies. A citizen advocate is a volunteer who represents the interests of an impaired individual and helps him meet his expressive and instrumental needs. Advocates can intervene in important respects on behalf of both children and adults in community, institutional, or transitional settings. Furthermore, they are needed as "watchdogs" of agencies to assure that they are responsive to their clients. Citizen advocacy offices are essential to an effective program in that they can lend support and recruit, train, and match volunteers and persons needing an advocate. Also of crucial importance is that the citizen advocacy program be independent of the service system. This concept has received wide support and may potentially become a major helping form.

281 Wolfensberger, W. Citizen advocacy for the handicapped, impaired, and disadvantaged: An overview. In W. Wolfensberger & H. Zauha (Eds.), Citizen advocacy and protective services for the impaired and handicapped. Toronto: National Institute on Mental Retardation, 1973, pp. 5-32.

Presents an overview of protective services such as guardianship, adoption, conservatorship, and trusts, and points out various reasons for their deficiencies. These include the service system's impersonality,

limited options, and the likelihood of conflicts of interest. The concept of citizen advocacy is proposed as an alternative to protective services, and it is defined as "a mature, competent citizen volunteer representing, as if they were his own, the interests of another citizen who is impaired in his instrumental competency, or who has major expressive needs which are unmet and which are likely to remain unmet without special intervention." The functions which can be performed by an advocate for both children and adults are discussed as are special types of advocacy. Also considered are factors related to the implementation of a citizen advocacy program such as determination of needs, staffing a supportive office, and some needed advocate characteristics. It is concluded that, given the nature of the service delivery system, advocacy must be separated from service provision and that the two should develop independently but in cooperation with each other.

282 Wolfensberger, W., & Brown, B. M. Youth advocacy. In W. Wolfensberger & H. Zauha (Eds.), Citizen advocacy and protective services for the impaired and handicapped. Toronto: National Institute on Mental Retardation, 1973, pp. 93-101.

Suggests that youths can be a significant part of the citizen advocacy movement, and lists some essential features of a youth advocacy program. These are the individualization of relationships, sustained relationships, representation of the protege's interests, and freedom from conflicts of interest. It is furthermore recommended that strong coordination of youth advocacy programs be available and that special attention be given to the selection, orientation, and assignment of youth advocates. In addition, two specialized versions of advocacy, the advocate cadet and dispersed youth advocacy, are described. Youths may make unique contributions in

that they can relate well to those of their own age, share special interests of the age group, socialize another into the youth culture, and grow up together with their proteges. Other benefits accruing from youth advocacy include the following: (1) enhancement of learning and maturation; (2) furtherance of social acceptance; (3) focusing of youthful idealism; (4) preparation for adult advocacy roles; and (5) rejuvenation of voluntary associations.

283 Wolfensberger, W., & Zauha, H. (Eds.). Citizen advocacy and protective services for the impaired and handicapped. Toronto: National Institute on Mental Retardation, 1973.

Presents a comprehensive examination of the history, concept, techniques, and implementation of citizen advocacy programs. Specifically, the contents include the following: (1) citizen advocacy for the handicapped, impaired and disadvantaged: an overview; (2) the initiation of Nebraska's first two advocacy services; (3) operation of the citizen advocate program in Lincoln, Nebraska; (4) implementation of citizen advocacy to date; (5) youth advocacy; (6) the initiation of Nebraska's youth advocacy program; (7) the operation of the Nebraska youth advocacy program; (8) history and present status of protective services; (9) citizen advocacy and the rights of the handicapped; (10) the role of the volunteer movement in safeguarding the rights of the impaired; (11) funding, governance and safeguards of citizen advocacy services; (12) implementation and operation of citizen advocacy services via committee activism; (13) dissemination and training in citizen advocacy: guidelines and resources; (14) a process of screening and guidance for citizen advocates; and (15) advocate testimonies.

284 Woodrich, F. E. Client Assistance Projects in the rehabilitation process. Journal of Applied Rehabilitation Counseling, 1979, 10(4), 190-192.

A review of the origin, purpose, and philosophy of Client Assitance Projects (CAPs) established through the Rehabilitation Act of 1973. Taking the role of ombudsman, these projects attempt to advocate for the client having difficulties with vocational rehabilitation services and/or the rehabilitation counselor. CAPs are committed to identifying handicapped individuals whose needs are not being met by the system for the purpose of changing the system to be more responsive to these people. CAPs may also serve as a counselor resource. Specifically, CAP workers as "ombudsmen" can assist counselors by identifying client problems, and working with both parties to negotiate compromises which prevent clients from becoming rehabilitation drop-outs. By facilitating the development of strong liaison relationships with recipients of services, CAPs also have the potential to identify, promote, and facilitate consumer involvement in the rehabilitation system in a manner that can benefit the agency and the philosophy of rehabilitation itself. CAPs and rehabilitation professionals can join forces with consumers to assess services and, when necessary, design and implement programs and legislation that will bring about services responsive to the needs of handicapped people.

285 Yelinek, K. Case management, personal advocacy and protective services. In Synergism for the seventies: Conference proceedings of the National Conference for State Planning and Advisory Councils on Services and Facilities for the Developmentally Disabled. Reston, Virginia: The Council for Exceptional Children, n.d., pp. 393-406.

Present-day emphasis upon keeping developmentally disabled people in the community has given rise to a need for a legal and social support system to help such persons in the areas in which they are unable to help

themselves. It is suggested that the inflexibility and inadequacies of traditional guardianship law make this vehicle inappropriate as a delivery system for protective services, and various alternative programs have been proposed to meet the need for protection. One such approach is case management in which a social worker becomes an advocate for the client and offers long-term follow-along services. Another method is a personal advocacy system whereby a disabled individual is matched with a friend who volunteers to represent his interests. These two types of programs, however, may be deficient mechanisms for providing protective services since they are based upon voluntary rather than statutory responsibility. The writer recommends instead that the legal concept of guardianship be revised in such a way as to guarantee individualized programs, a maximum degree of autonomy for the disabled client, and social services. Appended to this paper are a description of the Personal Advocacy System for Ohio and participant comments from a workshop on the topic.

286 Zauha, H. Citizen advocacy: Present status and implementation in Nebraska. In C. K. Sigelman (Ed.), Protective services and citizen advocacy. Lubbock, Texas: Texas Tech University, Research and Training Center in Mental Retardation, 1974, pp. 9-16.

Discusses Wolfensberger's model of citizen advocacy and its implementation in Nebraska. Citizen advocacy refers to a one-to-one relationship between a caring, competent volunteer and a disabled individual which is established for the purpose of helping the impaired person live as normal a life as possible. It is essential that the advocate be autonomous in his role and that the program be independent of the service delivery system in order that the interests of the protege be held paramount. The Nebraska program is based upon these conceptions. It evolved out of a

comprehensive state plan for services to the retarded, and two of the citizen advocacy models which were developed are described. The Capitol Association for Retarded Children in Lincoln, Nebraska sponsored a program by means of a specially designated committee, and the Greater Omaha Association for Retarded Children (GOARC) operated a project as an integral part of its overall operations. These programs appear to be very successful although continued funding is a crucial problem. Finally, materials from the proposal for the GOARC Citizen Advocacy Program are presented which describe how services are provided and how the project was initiated and operated. Stressed are means of evaluating the success of individual relationships and the program as a whole.

287 Zauha, H., & Korn, M. Implementation of citizen advocacy to date. In W. Wolfensberger & H. Zauha (Eds.), Citizen advocacy and protective services for the impaired and handicapped. Toronto: National Institute on Mental Retardation, 1973, pp. 79-89.

Traces the development of citizen advocacy programs since the inception of the model in 1966. In general, it is pointed out that citizen advocacy received support from the President's Committee on Mental Retardation and from the National Association for Retarded Children. More specifically, programs in Nebraska, Texas, Colorado, Pennsylvania, Ohio, and other states plus those in various Canadian provinces are described. These examples represent a variety of funding and implementation procedures and geographical locations and can serve as models for the initiation of other citizen advocacy projects. Presently, assistance, guidance, and training are available through national coordinating organizations. In addition to successful pilot programs and leadership, it is predicted that the need for personal representation will continue to contribute to the citizen advocacy movement.

288 Zauha, H., & Wolfensberger, W. Dissemination and training in citizen advocacy: Guidelines and resources. In W. Wolfensberger & H. Zauha (Eds.), Citizen advocacy and protective services for the impaired and handicapped. Toronto: National Institute on Mental Retardation, 1973, pp. 213-232.

Suggests that the rapid growth of citizen advocacy has resulted from widespread dissemination of the concept. Based upon the experiences gained by these dissemination efforts, guidelines are given to aid in citizen advocacy presentations. It is pointed out that audiences generally are composed of persons of varying competencies; topics which should be covered include understanding of, commitment to, and belief in the practicality of citizen advocacy; and the time allotted for a presentation will vary considerably. A plan for a two-day leadership training workshop is presented, and potential resource persons and groups are mentioned. In addition, various types of materials which can be used are outlined including transparencies, videotapes, written materials, and symbols and images. Appended are recommended workshop schedules and content areas, a prospective trainee questionnaire, a listing of transparencies and videotapes available on citizen advocacy, an agency credo on citizen advocacy, and a cooperative agreement.

289 Zauha, H., & Wolfensberger, W. Funding, governance and safeguards of citizen advocacy services. In W. Wolfensberger & H. Zauha (Eds.), Citizen advocacy and protective services for the impaired and handicapped. Toronto: National Institute on Mental Retardation, 1973, pp. 177-192.

Discusses various issues related to the implementation of citizen advocacy programs. Possible roles of national, regional, and state offices are described as are approaches to funding and governance. Five essential features of such programs are independent location and funding; a paid

coordinator; recruitment, orientation, and support of advocates; means of providing both instrumental and expressive advocacy; and advocates' freedom from conflicts of interest. Furthermore, it is stressed that funding should not come from service agencies so as to maintain the independence of participants in advocacy functions. Pros and cons of certain funding sources, such as associations, united community services, the Office of Developmental Disabilities, Social Security, Area Wide Model Projects on Aging, and child advocacy monies, are examined. Finally, potential target populations for citizen advocacy and operational factors in running a local office are explored.